

28,035 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	20,769	407,002	\$ 9,089,330.99	\$ 22.33	14.518		\$ 437.64	\$ 324.21
@PHYSICIANS SERVICES	5,109	15,330	\$ 253,423.08	\$ 16.53	.547		\$ 49.60	\$ 9.04
OUTPATIENT VISITS	142	188	6,326.43	33.65	.007		44.55	.23
OFFICE VISITS	126	170	5,468.32	32.17	.006		43.40	.20
HOME VISITS	5	5	144.20	28.84	.000		28.84	.01
EMERGENCY ROOM	13	13	713.91	54.92	.000		54.92	.03
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	9	41	1,764.54	43.04	.001		196.06	.06
HOSPITAL VISITS	9	41	1,764.54	43.04	.001		196.06	.06
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	70	72	3,321.55	46.13	.003		47.45	.12
EXAMINATIONS	70	72	3,321.55	46.13	.003		47.45	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	6	14	1,008.74	72.05	.000		168.12	.04
PRINCIPAL SURGEON	3	3	625.10	208.37	.000		208.37	.02
ASSISTANT SURGEON	1	1	93.08	93.08	.000		93.08	.00
ANESTHESIOLOGIST	2	10	290.56	29.06	.000		145.28	.01
OUTPATIENT SURGERY	16	25	5,022.86	200.91	.001		313.93	.18
PRINCIPAL SURGEON	16	22	4,942.86	224.68	.001		308.93	.18
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	1	3	80.00	26.67	.000		80.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	48	125	573.75	4.59	.004		11.95	.02
RADIOLOGY	50	90	4,176.53	46.41	.003		83.53	.15
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	14	17	5,231.64	307.74	.001		373.69	.19
OTHER SERVICES/ALL X-OVERS	4,915	14,758	225,997.04	15.31	.526		45.98	8.06
@PHARMACY	18,032	169,960	\$ 4,988,421.20	\$ 29.35	6.062		\$ 276.64	\$ 177.94
PRESCRIPTION DRUGS	17,819	73,921	4,830,803.05	65.35	2.637		271.10	172.31
SNF/ICF	386	2,292	119,021.34	51.93	.082		308.35	4.25
OUTPATIENTS	17,464	71,629	4,711,781.71	65.78	2.555		269.80	168.07
MEDICAL SUPPLIES	1,718	96,039	157,618.15	1.64	3.426		91.75	5.62
@DENTIST	1,089	4,928	\$ 226,064.89	\$ 45.87	.176		\$ 207.59	\$ 8.06
VISITS - DIAGNOSTIC	670	2,818	30,029.52	10.66	.101		44.82	1.07
ORAL SURGERY	166	444	23,295.00	52.47	.016		140.33	.83
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	4	4	400.00	100.00	.000		100.00	.01
PERIODONTICS	123	125	13,019.00	104.15	.004		105.85	.46
ENDODONTICS	61	79	16,977.00	214.90	.003		278.31	.61
RESTORATIVE DENTISTRY	309	787	70,927.75	90.12	.028		229.54	2.53
PROSTHETICS	8	11	250.00	22.73	.000		31.25	.01
DENTURES, STAYPLATES	246	652	70,841.62	108.65	.023		287.97	2.53
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	1	1	300.00	300.00	.000		300.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	30	7	25.00	3.57	.000		.83	.00

28,035 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	431	1,111	\$ 19,901.47	\$ 17.91	.040	\$ 46.18	\$.71
DIAGNOSTIC AND ANC. PROCED	53	53	2,444.06	46.11	.002	46.11	.09
EYE APPLIANCES	313	877	14,873.46	16.96	.031	47.52	.53
OTHER OPTOMETRIC SERVICES	108	181	2,583.95	14.28	.006	23.93	.09
@CHIROPRACTOR	35	65	\$ 946.24	\$ 14.56	.002	\$ 27.04	\$.03
VISITS	22	41	643.72	15.70	.001	29.26	.02
OTHER SERVICES	14	24	302.52	12.61	.001	21.61	.01
@PODIATRIST	453	650	\$ 4,870.48	\$ 7.49	.023	\$ 10.75	\$.17
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	453	650	4,870.48	7.49	.023	10.75	.17
@HOME HEALTH AGENCY	5	20	\$ 1,383.66	\$ 69.18	.001	\$ 276.73	\$.05
NURSE ANESTHESIST	10	57	\$ 409.92	\$ 7.19	.002	\$ 40.99	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	4	\$ 49.02	\$ 12.26	.000	\$ 12.26	\$.00
@TOTAL HOSPITAL	1,591	10,024	\$ 1,299,378.51	\$ 129.63	.358	\$ 816.71	\$ 46.35
HOSP INPATIENT TOTAL	349	2,134	1,158,402.55	542.83	.076	3319.21	41.32
HSC HOSPITALS	132	914	860,422.62	941.38	.033	6518.35	30.69
NON-HSC HOSPITAL TOTAL	28	154	138,876.72	901.80	.005	4959.88	4.95
ACCOMMODATIONS	27	154	51,030.70	331.37	.005	1890.03	1.82
ADMINISTRATIVE DAYS	16	101	20,047.01	198.49	.004	1252.94	.72
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	53	30,983.69	584.60	.002	2816.70	1.11
ANCILLARIES	28	0	87,846.02	.00	.000	3137.36	3.13
INPATIENT CROSSOVERS	198	1,066	159,103.21	149.25	.038	803.55	5.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,285	7,890	140,975.96	17.87	.281	109.71	5.03
MEDICAL	12	12	554.74	46.23	.000	46.23	.02
SURGERY	9	9	1,250.70	138.97	.000	138.97	.04
PATHOLOGY	19	54	572.76	10.61	.002	30.15	.02
RADIOLOGY	17	38	3,637.42	95.72	.001	213.97	.13
ROOM USE	17	24	1,599.75	66.66	.001	94.10	.06
CROSSOVERS/ALL OTH OUTPTNT	1,252	7,753	133,360.59	17.20	.277	106.52	4.76
@COUNTY HOSPITAL TOTAL	12	51	\$ 14,312.08	\$ 280.63	.002	\$ 1192.67	\$.51
CO HOSPITAL INPATIENT TOTAL	3	12	13,824.50	1152.04	.000	4608.17	.49
HSC HOSPITALS	1	12	12,825.45	1068.79	.000	12825.45	.46
NON-HSC HOSPITALS TOTAL	1	0	159.05	.00	.000	159.05	.01
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	159.05	.00	.000	159.05	.01
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	39	487.58	12.50	.001	54.18	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2CR	11.66CR	5.83	.000	11.66CR	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	8	41	499.24	12.18	.001	62.41	.02

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,579	9,973	\$	1,285,066.43	\$ 128.85	.356	\$ 813.85	\$ 45.84
COMM HOSP INPATIENT TOTAL	346	2,122		1,144,578.05	539.39	.076	3308.03	40.83
HSC HOSPITALS	131	902		847,597.17	939.69	.032	6470.21	30.23
NON-HSC HOSPITALS TOTAL	27	154		138,717.67	900.76	.005	5137.69	4.95
ACCOMMODATIONS	27	154		51,030.70	331.37	.005	1890.03	1.82
ADMINISTRATIVE DAYS	16	101		20,047.01	198.49	.004	1252.94	.72
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	53		30,983.69	584.60	.002	2816.70	1.11
ANCILLARIES	27	0		87,686.97	.00	.000	3247.67	3.13
INPATIENT CROSSOVERS	197	1,066		158,263.21	148.46	.038	803.37	5.65
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,276	7,851		140,488.38	17.89	.280	110.10	5.01
MEDICAL	12	12		554.74	46.23	.000	46.23	.02
SURGERY	9	9		1,250.70	138.97	.000	138.97	.04
PATHOLOGY	18	56		584.42	10.44	.002	32.47	.02
RADIOLOGY	17	38		3,637.42	95.72	.001	213.97	.13
ROOM USE	17	24		1,599.75	66.66	.001	94.10	.06
CROSSOVERS/ALL OTH OUTPTNT	1,244	7,712		132,861.35	17.23	.275	106.80	4.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	442	9,050	\$	1,270,017.96	\$ 140.33	.323	\$ 2873.34	\$ 45.30
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	442	9,050		1,270,017.96	140.33	.323	2873.34	45.30
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	161	193	\$	78,583.15	\$ 407.17	.007	\$ 488.09	\$ 2.80
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	161	193		78,583.15	407.17	.007	488.09	2.80
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	225	718	\$	7,066.93	\$ 9.84	.026	\$ 31.41	\$.25
PATHOLOGY	108	563		5,391.79	9.58	.020	49.92	.19
XO AND OTHERS	117	155		1,675.14	10.81	.006	14.32	.06
@ORGANIZED OUTPATIENT CLINIC	3,439	5,979	\$	207,500.03	\$ 34.70	.213	\$ 60.34	\$ 7.40
CLINIC	38	110		1,742.12	15.84	.004	45.85	.06
SURGICENTER	317	398		17,528.38	44.04	.014	55.29	.63
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,149	5,471		188,229.53	34.40	.195	59.77	6.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
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MERCED COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED							
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OTHER SERVICES	69	675	2,114.34	3.13	.024	30.64	.08
ACUPUNCTURE	25	68	1,178.63	17.33	.002	47.15	.04
ADULT DAY HEALTH CARE CTR	157	2,141	148,665.68	69.44	.076	946.92	5.30
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	579	3,110	207,144.08	66.61	.111	357.76	7.39
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	748	1,727	24,981.04	14.46	.062	33.40	.89
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	6	23	19.87	.86	.001	3.31	.00
PROSTHETIST/ORTHOTISTS	84	182	4,826.84	26.52	.006	57.46	.17
PROSTHETICS	84	182	4,826.84	26.52	.006	57.46	.17
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	54.99	54.99	.000	54.99	.00
SPEECH AND AUDIOLOGY	94	189	16,908.82	89.46	.007	179.88	.60
HOSPICE SERVICES	7	154	18,370.48	119.29	.005	2624.35	.66
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.57	9.57	.000	9.57	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,831	159,022	119,668.47	.75	5.672	65.36	4.27
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	7,533	45,111	\$ 897,984.57	\$ 19.91	1.609	\$ 119.21	\$ 32.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,365
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND	AID CODE 20	

2,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,012	185,981	\$ 1,829,045.80	\$ 9.83	71.641	\$ 909.07	\$ 704.56
@PHYSICIANS SERVICES	806	3,447	\$ 99,054.34	\$ 28.74	1.328	\$ 122.90	\$ 38.16
OUTPATIENT VISITS	321	471	18,289.05	38.83	.181	56.98	7.05
OFFICE VISITS	269	384	13,050.08	33.98	.148	48.51	5.03
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	59	74	4,764.82	64.39	.029	80.76	1.84
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	13	13	474.15	36.47	.005	36.47	.18
INPATIENT VISITS	70	397	18,861.56	47.51	.153	269.45	7.27
HOSPITAL VISITS	58	363	15,919.66	43.86	.140	274.48	6.13
CRITICAL CARE	7	23	2,671.40	116.15	.009	381.63	1.03
SNF/ICF/TRANS IP CARE	11	11	270.50	24.59	.004	24.59	.10
OPHTHALMOLOGICAL SERVICES	29	37	1,490.56	40.29	.014	51.40	.57
EXAMINATIONS	29	37	1,490.56	40.29	.014	51.40	.57
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	54	7,709.42	142.77	.021	350.43	2.97
PRINCIPAL SURGEON	18	22	6,697.54	304.43	.008	372.09	2.58
ASSISTANT SURGEON	2	2	261.36	130.68	.001	130.68	.10
ANESTHESIOLOGIST	5	30	750.52	25.02	.012	150.10	.29
OUTPATIENT SURGERY	37	108	12,989.61	120.27	.042	351.07	5.00
PRINCIPAL SURGEON	27	40	11,034.74	275.87	.015	408.69	4.25
ASSISTANT SURGEON	1	1	118.02	118.02	.000	118.02	.05
ANESTHESIOLOGIST	13	67	1,836.85	27.42	.026	141.30	.71
DIALYSIS	38	112	12,667.28	113.10	.043	333.35	4.88
PATHOLOGY	65	136	801.03	5.89	.052	12.32	.31
RADIOLOGY	144	244	6,716.87	27.53	.094	46.64	2.59
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	24	49		2,380.28		48.58	.019	99.18	.92
OTHER SERVICES/ALL X-OVERS	428	1,839		17,148.68		9.33	.708	40.07	6.61
@PHARMACY	1,662	44,516	\$	604,568.54	\$	13.58	17.148	\$ 363.76	\$ 232.88
PRESCRIPTION DRUGS	1,616	7,045		555,404.03		78.84	2.714	343.69	213.95
SNF/ICF	44	192		19,757.97		102.91	.074	449.04	7.61
OUTPATIENTS	1,577	6,853		535,646.06		78.16	2.640	339.66	206.34
MEDICAL SUPPLIES	340	37,471		49,164.51		1.31	14.434	144.60	18.94
@DENTIST	145	729	\$	30,114.33	\$	41.31	.281	\$ 207.69	\$ 11.60
VISITS - DIAGNOSTIC	87	461		4,971.00		10.78	.178	57.14	1.91
ORAL SURGERY	28	78		3,389.00		43.45	.030	121.04	1.31
DRUGS	3	5		95.00		19.00	.002	31.67	.04
ANESTHESIA	2	2		100.00		50.00	.001	50.00	.04
PERIODONTICS	22	27		3,418.00		126.59	.010	155.36	1.32
ENDODONTICS	12	20		4,153.00		207.65	.008	346.08	1.60
RESTORATIVE DENTISTRY	35	94		7,448.00		79.23	.036	212.80	2.87
PROSTHETICS	1	1		30.00		30.00	.000	30.00	.01

DENTURES, STAYPLATES	18	36	5,948.00	165.22	.014	330.44	2.29
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	4	5	562.33	112.47	.002	140.58	.22
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

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MERCED COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

2,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	30	75	\$ 1,675.28	\$ 22.34	.029	\$ 55.84	\$.65
DIAGNOSTIC AND ANC. PROCED	10	10	466.01	46.60	.004	46.60	.18
EYE APPLIANCES	20	56	1,021.68	18.24	.022	51.08	.39
OTHER OPTOMETRIC SERVICES	6	9	187.59	20.84	.003	31.27	.07
@CHIROPRACTOR	16	22	\$ 355.30	\$ 16.15	.008	\$ 22.21	\$.14
VISITS	16	22	355.30	16.15	.008	22.21	.14
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	32	49	\$ 395.89	\$ 8.08	.019	\$ 12.37	\$.15
MEDICINE/INJECTIONS	3	3	66.80	22.27	.001	22.27	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	29	46	329.09	7.15	.018	11.35	.13
@HOME HEALTH AGENCY	4	25	\$ 1,871.50	\$ 74.86	.010	\$ 467.88	\$.72
NURSE ANESTHESIST	2	48	\$ 133.39	\$ 2.78	.018	\$ 66.70	\$.05
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	303	2,112	\$ 375,915.92	\$ 177.99	.814	\$ 1240.65	\$ 144.81
HOSP INPATIENT TOTAL	62	372	341,495.66	918.00	.143	5507.99	131.55
HSC HOSPITALS	43	277	299,185.18	1080.09	.107	6957.79	115.25
NON-HSC HOSPITAL TOTAL	4	16	30,120.49	1882.53	.006	7530.12	11.60
ACCOMMODATIONS	4	16	7,976.69	498.54	.006	1994.17	3.07
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.001	462.60	.18
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	14	7,514.09	536.72	.005	2504.70	2.89
ANCILLARIES	4	0	22,143.80	.00	.000	5535.95	8.53
INPATIENT CROSSOVERS	16	79	12,189.99	154.30	.030	761.87	4.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	264	1,740	34,420.26	19.78	.670	130.38	13.26
MEDICAL	57	96	3,395.75	35.37	.037	59.57	1.31
SURGERY	18	22	1,171.83	53.27	.008	65.10	.45
PATHOLOGY	92	517	5,661.18	10.95	.199	61.53	2.18
RADIOLOGY	65	85	4,957.31	58.32	.033	76.27	1.91
ROOM USE	91	128	5,440.79	42.51	.049	59.79	2.10
CROSSOVERS/ALL OTH OUTPTNT	157	892	13,793.40	15.46	.344	87.86	5.31
@COUNTY HOSPITAL TOTAL	1	3	\$ 4,056.00	\$ 1352.00	.001	\$ 4056.00	\$ 1.56
CO HOSPITAL INPATIENT TOTAL	1	3	4,056.00	1352.00	.001	4056.00	1.56
HSC HOSPITALS	1	3	4,056.00	1352.00	.001	4056.00	1.56
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,367
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND						
				AID CODE 20	----- MONTHLY AVERAGE -----		
2,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	302	2,109	\$ 371,859.92	\$ 176.32	.812	\$ 1231.32	\$ 143.24
COMM HOSP INPATIENT TOTAL	61	369	337,439.66	914.47	.142	5531.80	129.98
HSC HOSPITALS	42	274	295,129.18	1077.11	.106	7026.89	113.69
NON-HSC HOSPITALS TOTAL	4	16	30,120.49	1882.53	.006	7530.12	11.60
ACCOMMODATIONS	4	16	7,976.69	498.54	.006	1994.17	3.07
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.001	462.60	.18
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	14	7,514.09	536.72	.005	2504.70	2.89
ANCILLARIES	4	0	22,143.80	.00	.000	5535.95	8.53
INPATIENT CROSSOVERS	16	79	12,189.99	154.30	.030	761.87	4.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	264	1,740	34,420.26	19.78	.670	130.38	13.26
MEDICAL	57	96	3,395.75	35.37	.037	59.57	1.31
SURGERY	18	22	1,171.83	53.27	.008	65.10	.45
PATHOLOGY	92	517	5,661.18	10.95	.199	61.53	2.18
RADIOLOGY	65	85	4,957.31	58.32	.033	76.27	1.91
ROOM USE	91	128	5,440.79	42.51	.049	59.79	2.10
CROSSOVERS/ALL OTH OUTPTNT	157	892	13,793.40	15.46	.344	87.86	5.31
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	21	95	\$ 29,106.01	\$ 306.38	.037	\$ 1386.00	\$ 11.21
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	21	95	29,106.01	306.38	.037	1386.00	11.21
@INTERMEDIATE CARE FACIL.-DD	36	1,289	\$ 235,616.31	\$ 182.79	.497	\$ 6544.90	\$ 90.76
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	36	1,289	235,616.31	182.79	.497	6544.90	90.76
@HEMODIALYSIS TOTAL	158	2,967	\$ 166,877.93	\$ 56.24	1.143	\$ 1056.19	\$ 64.28
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	158	2,967	166,877.93	56.24	1.143	1056.19	64.28
@REHABILITATION FACILITY	4	21	\$ 404.32	\$ 19.25	.008	\$ 101.08	\$.16
HOSPITAL BASED	2	15	264.21	17.61	.006	132.11	.10
INDEPENDENT FACILITY	2	6	140.11	23.35	.002	70.06	.05
@LABORATORY FACILITY	206	952	\$ 9,298.88	\$ 9.77	.367	\$ 45.14	\$ 3.58
PATHOLOGY	196	937	9,226.27	9.85	.361	47.07	3.55
XO AND OTHERS	10	15	72.61	4.84	.006	7.26	.03
@ORGANIZED OUTPATIENT CLINIC	373	721	\$ 54,699.63	\$ 75.87	.278	\$ 146.65	\$ 21.07
CLINIC	15	77	2,282.48	29.64	.030	152.17	.88
SURGICENTER	36	89	4,283.16	48.13	.034	118.98	1.65
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	336	555	48,133.99	86.73	.214	143.26	18.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,368
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND						
				AID CODE 20			

2,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	540	128,913	\$ 218,958.23	\$ 1.70	49.658	\$ 405.48	\$ 84.34
DURABLE MED. EQUIP.	22	39	10,700.01	274.36	.015	486.36	4.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	15	19	4,693.97	247.05	.007	312.93	1.81
MEDICAL TRANSPORTATION	206	28,561	107,027.06	3.75	11.002	519.55	41.23
AMBULANCES/AIR TRANS	58	954	10,960.05	11.49	.367	188.97	4.22
OTHER TRANS	145	27,546	95,756.64	3.48	10.611	660.39	36.89
OTHER SERVICES	9	61	310.37	5.09	.023	34.49	.12
ACUPUNCTURE	5	8	151.38	18.92	.003	30.28	.06
ADULT DAY HEALTH CARE CTR	24	274	19,032.64	69.46	.106	793.03	7.33
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	63	481	29,964.03	62.30	.185	475.62	11.54
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	66	157	5,000.48	31.85	.060	75.76	1.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	12	43	5,583.67	129.85	.017	465.31	2.15
PROSTHETICS	12	43	5,583.67	129.85	.017	465.31	2.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	5	294.39	58.88	.002	294.39	.11
SPEECH AND AUDIOLOGY	8	23	2,638.00	114.70	.009	329.75	1.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	37	1,337	10,930.69	8.18	.515	295.42	4.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	210	97,966	22,941.91	.23	37.737	109.25	8.84
@CALIF. CHILDREN SERVICES*	60	1,722	\$ 23,501.32	\$ 13.65	.663	\$ 391.69	\$ 9.05
@XOVER EXCLUDING STATE HOSP**	518	15,924	\$ 131,145.12	\$ 8.24	6.134	\$ 253.18	\$ 50.52

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,369
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

89,626 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	70,100	2,497,692	\$ 46,252,842.81	\$ 18.52	27.868	\$ 659.81	\$ 516.07
@PHYSICIANS SERVICES	24,515	90,967	\$ 2,987,732.10	\$ 32.84	1.015	\$ 121.87	\$ 33.34
OUTPATIENT VISITS	13,177	18,978	693,886.97	36.56	.212	52.66	7.74
OFFICE VISITS	10,257	14,193	456,856.51	32.19	.158	44.54	5.10
HOME VISITS	31	51	2,038.09	39.96	.001	65.74	.02
EMERGENCY ROOM	2,750	3,342	182,359.80	54.57	.037	66.31	2.03
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	113	188	11,877.49	63.18	.002	105.11	.13
OTHER OUTPATIENT	999	1,203	40,711.23	33.84	.013	40.75	.45
INPATIENT VISITS	1,502	8,721	427,062.82	48.97	.097	284.33	4.76
HOSPITAL VISITS	1,218	7,676	318,072.86	41.44	.086	261.14	3.55
CRITICAL CARE	128	723	100,417.61	138.89	.008	784.51	1.12
SNF/ICF/TRANS IP CARE	262	322	8,572.35	26.62	.004	32.72	.10
OPHTHALMOLOGICAL SERVICES	502	619	26,314.96	42.51	.007	52.42	.29
EXAMINATIONS	499	616	26,258.73	42.63	.007	52.62	.29
SERVICES AND MATERIALS	3	3	56.23	18.74	.000	18.74	.00
INPATIENT HOSPITAL SURGERY	652	3,061	311,030.58	101.61	.034	477.04	3.47
PRINCIPAL SURGEON	472	816	247,998.38	303.92	.009	525.42	2.77

ASSISTANT SURGEON	63	63	11,458.19	181.88	.001	181.88	.13
ANESTHESIOLOGIST	220	2,182	51,574.01	23.64	.024	234.43	.58
OUTPATIENT SURGERY	1,492	3,957	327,861.99	82.86	.044	219.75	3.66
PRINCIPAL SURGEON	1,252	2,002	276,097.77	137.91	.022	220.53	3.08
ASSISTANT SURGEON	30	31	3,448.98	111.26	.000	114.97	.04
ANESTHESIOLOGIST	327	1,924	48,315.24	25.11	.021	147.75	.54
DIALYSIS	191	656	58,699.22	89.48	.007	307.33	.65
PATHOLOGY	2,600	5,730	38,409.08	6.70	.064	14.77	.43
RADIOLOGY	5,577	10,287	382,124.34	37.15	.115	68.52	4.26
PSYCHIATRY	1	1	64.88	64.88	.000	64.88	.00
IMMUNIZATION AND INJECTION	843	10,136	232,368.80	22.93	.113	275.65	2.59
OTHER SERVICES/ALL X-OVERS	9,500	28,821	489,908.46	17.00	.322	51.57	5.47
@PHARMACY	57,358	727,601	\$ 21,886,054.59	\$ 30.08	8.118	\$ 381.57	\$ 244.19
PRESCRIPTION DRUGS	56,602	261,568	20,526,788.03	78.48	2.918	362.65	229.03
SNF/ICF	1,088	8,031	715,955.98	89.15	.090	658.05	7.99
OUTPATIENTS	55,640	253,537	19,810,832.05	78.14	2.829	356.05	221.04
MEDICAL SUPPLIES	6,356	466,033	1,359,266.56	2.92	5.200	213.86	15.17
@DENTIST	5,225	26,556	\$ 1,052,287.63	\$ 39.63	.296	\$ 201.39	\$ 11.74
VISITS - DIAGNOSTIC	3,546	16,677	192,505.04	11.54	.186	54.29	2.15
ORAL SURGERY	803	2,020	112,004.25	55.45	.023	139.48	1.25
DRUGS	40	124	1,675.00	13.51	.001	41.88	.02
ANESTHESIA	66	71	7,000.00	98.59	.001	106.06	.08
PERIODONTICS	530	588	69,687.00	118.52	.007	131.48	.78
ENDODONTICS	386	611	123,719.50	202.49	.007	320.52	1.38
RESTORATIVE DENTISTRY	1,681	4,620	359,048.40	77.72	.052	213.59	4.01
PROSTHETICS	39	43	1,080.00	25.12	.000	27.69	.01
DENTURES, STAYPLATES	507	1,473	165,364.71	112.26	.016	326.16	1.85
SPACE MAINTAINERS	9	11	1,035.00	94.09	.000	115.00	.01
MAXILLOFACIAL SERVICES	70	73	8,496.23	116.39	.001	121.37	.09
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.01
ORTHODONTIC SERVICES	101	150	9,592.50	63.95	.002	94.98	.11
ALL OTHER SERVICES	121	94	280.00	2.98	.001	2.31	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,370
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
			AID CODE 60				

89,626 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,625	4,822	\$	104,506.54	\$ 21.67	.054	\$ 64.31	\$ 1.17
DIAGNOSTIC AND ANC. PROCED	650	654		29,549.26	45.18	.007	45.46	.33
EYE APPLIANCES	1,294	3,681		60,636.61	16.47	.041	46.86	.68
OTHER OPTOMETRIC SERVICES	354	487		14,320.67	29.41	.005	40.45	.16
@CHIROPRACTOR	371	598	\$	9,734.94	\$ 16.28	.007	\$ 26.24	\$.11
VISITS	357	571		9,438.44	16.53	.006	26.44	.11
OTHER SERVICES	14	27		296.50	10.98	.000	21.18	.00
@PODIATRIST	620	907	\$	10,484.23	\$ 11.56	.010	\$ 16.91	\$.12
MEDICINE/INJECTIONS	105	115		2,752.46	23.93	.001	26.21	.03
SURGERY/ANES.	5	7		104.02	14.86	.000	20.80	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	514	783		7,593.15	9.70	.009	14.77	.08
@HOME HEALTH AGENCY	393	12,266	\$	454,540.77	\$ 37.06	.137	\$ 1156.59	\$ 5.07
NURSE ANESTHESIST	22	173	\$	1,534.32	\$ 8.87	.002	\$ 69.74	\$.02
NURSE MIDWIFE	2	4	\$	124.26	\$ 31.07	.000	\$ 62.13	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	54	102	\$	2,452.81	\$ 24.05	.001	\$ 45.42	\$.03
@TOTAL HOSPITAL	10,822	68,629	\$	9,484,493.06	\$ 138.20	.766	\$ 876.41	\$ 105.82
HOSP INPATIENT TOTAL	1,235	8,055		7,904,552.99	981.32	.090	6400.45	88.19
HSC HOSPITALS	894	6,106		7,244,090.34	1186.39	.068	8103.01	80.83
NON-HSC HOSPITAL TOTAL	100	400		447,932.16	1119.83	.004	4479.32	5.00
ACCOMMODATIONS	100	400		142,475.77	356.19	.004	1424.76	1.59

ADMINISTRATIVE DAYS	45	231	53,823.34	233.00	.003	1196.07	.60
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	58	169	88,652.43	524.57	.002	1528.49	.99
ANCILLARIES	100	0	305,456.39	.00	.000	3054.56	3.41
INPATIENT CROSSOVERS	265	1,549	212,530.49	137.20	.017	802.00	2.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,021	60,574	1,579,940.07	26.08	.676	157.66	17.63
MEDICAL	2,915	4,933	189,601.41	38.44	.055	65.04	2.12
SURGERY	864	1,066	45,036.36	42.25	.012	52.13	.50
PATHOLOGY	3,631	18,484	203,956.35	11.03	.206	56.17	2.28
RADIOLOGY	2,625	4,192	326,471.32	77.88	.047	124.37	3.64
ROOM USE	4,274	6,441	267,195.12	41.48	.072	62.52	2.98
CROSSOVERS/ALL OTH OUTPTNT	5,055	25,458	547,679.51	21.51	.284	108.34	6.11
@COUNTY HOSPITAL TOTAL	170	1,129	\$ 83,711.05	\$ 74.15	.013	\$ 492.42	\$.93
CO HOSPITAL INPATIENT TOTAL	16	44	50,732.00	1153.00	.000	3170.75	.57
HSC HOSPITALS	16	44	50,732.00	1153.00	.000	3170.75	.57

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	160	1,085	32,979.05	30.40	.012	206.12	.37
MEDICAL	62	139	4,828.62	34.74	.002	77.88	.05
SURGERY	8	13	1,354.41	104.19	.000	169.30	.02
PATHOLOGY	65	375	4,302.93	11.47	.004	66.20	.05
RADIOLOGY	40	84	8,564.42	101.96	.001	214.11	.10
ROOM USE	96	157	5,764.37	36.72	.002	60.05	.06
CROSSOVERS/ALL OTH OUTPTNT	71	317	8,164.30	25.75	.004	114.99	.09

#CALIF DEPT OF HEALTH SERV MOP024
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	89,626 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10,698		67,500	\$ 9,400,782.01	\$ 139.27	.753	\$ 878.74	\$ 104.89
COMM HOSP INPATIENT TOTAL	1,221		8,011	7,853,820.99	980.38	.089	6432.29	87.63
HSC HOSPITALS	880		6,062	7,193,358.34	1186.63	.068	8174.27	80.26
NON-HSC HOSPITALS TOTAL	100		400	447,932.16	1119.83	.004	4479.32	5.00
ACCOMMODATIONS	100		400	142,475.77	356.19	.004	1424.76	1.59
ADMINISTRATIVE DAYS	45		231	53,823.34	233.00	.003	1196.07	.60
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	58		169	88,652.43	524.57	.002	1528.49	.99
ANCILLARIES	100		0	305,456.39	.00	.000	3054.56	3.41
INPATIENT CROSSOVERS	265		1,549	212,530.49	137.20	.017	802.00	2.37
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9,904		59,489	1,546,961.02	26.00	.664	156.20	17.26
MEDICAL	2,859		4,794	184,772.79	38.54	.053	64.63	2.06
SURGERY	856		1,053	43,681.95	41.48	.012	51.03	.49
PATHOLOGY	3,575		18,109	199,653.42	11.03	.202	55.85	2.23
RADIOLOGY	2,588		4,108	317,906.90	77.39	.046	122.84	3.55
ROOM USE	4,201		6,284	261,430.75	41.60	.070	62.23	2.92
CROSSOVERS/ALL OTH OUTPTNT	4,997		25,141	539,515.21	21.46	.281	107.97	6.02
@STATE HOSPITAL	9		275	\$ 149,557.60	\$ 543.85	.003	\$ 16617.51	\$ 1.67
MENTALLY ILL	2		90	38,995.62	433.28	.001	19497.81	.44
DEVELOP. DISABLED	7		185	110,561.98	597.63	.002	15794.57	1.23
@NURSING FACILITY	534		12,122	\$ 1,648,059.20	\$ 135.96	.135	\$ 3086.25	\$ 18.39
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	25		836	101,959.42	121.96	.009	4078.38	1.14
LEV B-SUBACUTE FREESTANDING	1		2	606.80	303.40	.000	606.80	.01
LEV B-SUBACUTE HSPTL BASED	4		108	53,691.35	497.14	.001	13422.84	.60
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	507		11,176	1,491,801.63	133.48	.125	2942.41	16.64
@INTERMEDIATE CARE FACIL.-DD	288		9,306	\$ 1,653,425.23	\$ 177.67	.104	\$ 5741.06	\$ 18.45
ICF DDH	99		3,165	472,597.85	149.32	.035	4773.72	5.27
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	189		6,141	1,180,827.38	192.29	.069	6247.76	13.18
@HEMODIALYSIS TOTAL	800		11,251	\$ 754,582.83	\$ 67.07	.126	\$ 943.23	\$ 8.42
HOSPITAL BASED	10		13	33,149.19	2549.94	.000	3314.92	.37
HEMODIALYSIS CENTER	790		11,238	721,433.64	64.20	.125	913.21	8.05
@REHABILITATION FACILITY	284		1,745	\$ 44,022.41	\$ 25.23	.019	\$ 155.01	\$.49
HOSPITAL BASED	128		445	16,893.40	37.96	.005	131.98	.19
INDEPENDENT FACILITY	159		1,300	27,129.01	20.87	.015	170.62	.30
@LABORATORY FACILITY	7,336		31,671	\$ 343,043.59	\$ 10.83	.353	\$ 46.76	\$ 3.83

PATHOLOGY	7,135	31,048		334,354.42		10.77	.346	46.86	3.73
XO AND OTHERS	202	623		8,689.17		13.95	.007	43.02	.10
@ORGANIZED OUTPATIENT CLINIC	17,232	30,112	\$	2,816,295.94	\$	93.53	.336	\$ 163.43	\$ 31.42
CLINIC	641	2,303		50,301.48		21.84	.026	78.47	.56
SURGICENTER	963	2,014		75,073.71		37.28	.022	77.96	.84
HEROIN DETOX CLINIC	16	190		2,152.19		11.33	.002	134.51	.02
RURAL HEALTH CLINIC	16,099	25,605		2,688,768.56		105.01	.286	167.01	30.00

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89,626 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12,246	1,468,585	\$	2,849,910.76	\$ 1.94	16.386	\$ 232.72	\$ 31.80
DURABLE MED. EQUIP.	1,086	3,353		717,241.57	213.91	.037	660.44	8.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	320	617		96,147.31	155.83	.007	300.46	1.07
MEDICAL TRANSPORTATION	2,119	66,661		477,935.50	7.17	.744	225.55	5.33
AMBULANCES/AIR TRANS	1,497	18,812		259,950.91	13.82	.210	173.65	2.90
OTHER TRANS	564	46,059		181,502.32	3.94	.514	321.81	2.03
OTHER SERVICES	155	1,790		36,482.27	20.38	.020	235.37	.41
ACUPUNCTURE	93	210		3,881.84	18.48	.002	41.74	.04
ADULT DAY HEALTH CARE CTR	267	4,251		293,892.59	69.13	.047	1100.72	3.28
GENETIC DISEASE TESTING	14	14		1,470.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	527	2,667		200,167.78	75.05	.030	379.83	2.23
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2,443	5,787		79,371.21	13.72	.065	32.49	.89
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	29	66		1,592.14	24.12	.001	54.90	.02
PROSTHETIST/ORTHOTISTS	467	1,213		132,162.31	108.95	.014	283.00	1.47
PROSTHETICS	403	1,138		129,492.44	113.79	.013	321.32	1.44
ORTHOTICS	64	75		2,669.87	35.60	.001	41.72	.03
PSYCHOLOGIST	2	3		227.97	75.99	.000	113.99	.00
SPEECH AND AUDIOLOGY	291	712		44,371.25	62.32	.008	152.48	.50
HOSPICE SERVICES	45	1,049		124,586.22	118.77	.012	2768.58	1.39
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,895	20,937		168,313.19	8.04	.234	88.82	1.88
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,036	1,361,045		508,549.88	.37	15.186	126.00	5.67
@CALIF. CHILDREN SERVICES*	2,336	135,730	\$	3,388,887.87	\$ 24.97	1.514	\$ 1450.72	\$ 37.81
@XOVER EXCLUDING STATE HOSP**	9,835	103,239	\$	1,377,324.66	\$ 13.34	1.152	\$ 140.04	\$ 15.37

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G	PAGE 7,373 01/29/04
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219,727 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	99,573	520,183	\$	21,873,709.55	\$ 42.05	2.367	\$ 219.68	\$ 99.55
@PHYSICIANS SERVICES	35,048	77,112	\$	3,067,401.28	\$ 39.78	.351	\$ 87.52	\$ 13.96
OUTPATIENT VISITS	27,194	35,255		1,338,967.81	37.98	.160	49.24	6.09
OFFICE VISITS	19,767	24,067		820,125.73	34.08	.110	41.49	3.73
HOME VISITS	11	15		581.86	38.79	.000	52.90	.00
EMERGENCY ROOM	6,164	6,746		325,835.02	48.30	.031	52.86	1.48
PREVENTIVE CARE	19	19		808.29	42.54	.000	42.54	.00
OB VISITS/COMPRE PERI	1,258	2,937		145,036.44	49.38	.013	115.29	.66

OTHER OUTPATIENT	1,363	1,471		46,580.47		31.67	.007	34.17	.21
INPATIENT VISITS	1,212	3,756		239,803.19		63.85	.017	197.86	1.09
HOSPITAL VISITS	1,157	3,039		137,954.24		45.39	.014	119.23	.63
CRITICAL CARE	101	712		101,645.35		142.76	.003	1006.39	.46
SNF/ICF/TRANS IP CARE	4	5		203.60		40.72	.000	50.90	.00
OPHTHALMOLOGICAL SERVICES	302	332		14,651.65		44.13	.002	48.52	.07
EXAMINATIONS	299	329		14,571.07		44.29	.001	48.73	.07
SERVICES AND MATERIALS	3	3		80.58		26.86	.000	26.86	.00
INPATIENT HOSPITAL SURGERY	1,063	3,827		522,527.32		136.54	.017	491.56	2.38
PRINCIPAL SURGEON	779	909		429,535.50		472.54	.004	551.39	1.95
ASSISTANT SURGEON	139	139		23,627.78		169.98	.001	169.98	.11
ANESTHESIOLOGIST	337	2,779		69,364.04		24.96	.013	205.83	.32
OUTPATIENT SURGERY	2,055	5,512		332,865.37		60.39	.025	161.98	1.51
PRINCIPAL SURGEON	1,577	1,962		246,409.02		125.59	.009	156.25	1.12
ASSISTANT SURGEON	11	11		1,150.83		104.62	.000	104.62	.01
ANESTHESIOLOGIST	718	3,539		85,305.52		24.10	.016	118.81	.39
DIALYSIS	12	36		3,060.72		85.02	.000	255.06	.01
PATHOLOGY	3,995	6,822		42,410.95		6.22	.031	10.62	.19
RADIOLOGY	6,596	9,589		273,167.86		28.49	.044	41.41	1.24
PSYCHIATRY	5	5		188.05		37.61	.000	37.61	.00
IMMUNIZATION AND INJECTION	837	3,058		90,737.78		29.67	.014	108.41	.41
OTHER SERVICES/ALL X-OVERS	4,302	8,920		209,020.58		23.43	.041	48.59	.95
@PHARMACY	48,623	135,469	\$	4,714,014.95	\$	34.80	.617	\$ 96.95	\$ 21.45
PRESCRIPTION DRUGS	48,208	120,899		4,623,822.47		38.25	.550	95.91	21.04
SNF/ICF	5	13		1,622.89		124.84	.000	324.58	.01
OUTPATIENTS	48,205	120,886		4,622,199.58		38.24	.550	95.89	21.04
MEDICAL SUPPLIES	1,540	14,570		90,192.48		6.19	.066	58.57	.41
@DENTIST	12,004	71,940	\$	2,213,860.65	\$	30.77	.327	\$ 184.43	\$ 10.08
VISITS - DIAGNOSTIC	8,947	48,350		640,147.49		13.24	.220	71.55	2.91
ORAL SURGERY	1,802	3,513		201,588.31		57.38	.016	111.87	.92
DRUGS	173	356		5,843.75		16.42	.002	33.78	.03
ANESTHESIA	147	155		14,716.00		94.94	.001	100.11	.07
PERIODONTICS	359	368		37,839.00		102.82	.002	105.40	.17
ENDODONTICS	1,189	2,524		290,265.42		115.00	.011	244.13	1.32
RESTORATIVE DENTISTRY	4,382	14,354		826,548.00		57.58	.065	188.62	3.76
PROSTHETICS	24	24		510.00		21.25	.000	21.25	.00
DENTURES, STAYPLATES	67	258		23,666.00		91.73	.001	353.22	.11
SPACE MAINTAINERS	163	190		20,991.00		110.48	.001	128.78	.10
MAXILLOFACIAL SERVICES	353	355		40,236.93		113.34	.002	113.99	.18
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000	800.00	.00
ORTHODONTIC SERVICES	984	1,229		106,033.75		86.28	.006	107.76	.48
ALL OTHER SERVICES	325	263		4,675.00		17.78	.001	14.38	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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								MONTHLY AVERAGE	
219,727 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	2,157	6,288	\$	152,673.83	\$ 24.28	.029	\$ 70.78	\$.69	
DIAGNOSTIC AND ANC. PROCED	1,328	1,342		60,889.85	45.37	.006	45.85	.28	
EYE APPLIANCES	1,627	4,521		66,736.88	14.76	.021	41.02	.30	
OTHER OPTOMETRIC SERVICES	413	425		25,047.10	58.93	.002	60.65	.11	
@CHIROPRACTOR	353	567	\$	9,363.20	\$ 16.51	.003	\$ 26.52	\$.04	
VISITS	353	567		9,363.20	16.51	.003	26.52	.04	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	31	86	\$	3,075.64	\$ 35.76	.000	\$ 99.21	\$.01	
MEDICINE/INJECTIONS	29	39		1,425.78	36.56	.000	49.16	.01	
SURGERY/ANES.	5	6		152.14	25.36	.000	30.43	.00	
RADIO./PATHOLOGY	10	18		311.40	17.30	.000	31.14	.00	
OTHER	10	23		1,186.32	51.58	.000	118.63	.01	

@HOME HEALTH AGENCY	109	489	\$	28,637.53	\$	58.56	.002	\$	262.73	\$	.13
NURSE ANESTHESIST	2	19	\$	218.64	\$	11.51	.000	\$	109.32	\$	.00
NURSE MIDWIFE	4	20	\$	651.23	\$	32.56	.000	\$	162.81	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	39	60	\$	1,993.19	\$	33.22	.000	\$	51.11	\$	.01
@TOTAL HOSPITAL	13,592	48,526	\$	6,096,509.02	\$	125.63	.221	\$	448.54	\$	27.75
HOSP INPATIENT TOTAL	1,059	3,737		4,902,905.39		1311.99	.017		4629.75		22.31
HSC HOSPITALS	934	3,290		4,175,600.98		1269.18	.015		4470.66		19.00
NON-HSC HOSPITAL TOTAL	129	432		726,464.41		1681.63	.002		5631.51		3.31
ACCOMMODATIONS	129	432		192,466.46		445.52	.002		1491.99		.88
ADMINISTRATIVE DAYS	6	18		4,163.40		231.30	.000		693.90		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	123	414		188,303.06		454.84	.002		1530.92		.86
ANCILLARIES	129	0		533,997.95		.00	.000		4139.52		2.43
INPATIENT CROSSOVERS	1	15		840.00		56.00	.000		840.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12,839	44,789		1,193,603.63		26.65	.204		92.97		5.43
MEDICAL	4,360	5,805		199,896.02		34.44	.026		45.85		.91
SURGERY	1,037	1,144		39,094.31		34.17	.005		37.70		.18
PATHOLOGY	4,031	14,172		157,240.00		11.10	.064		39.01		.72
RADIOLOGY	3,179	4,230		240,066.98		56.75	.019		75.52		1.09
ROOM USE	8,515	10,409		399,788.88		38.41	.047		46.95		1.82
CROSSOVERS/ALL OTH OUTPTNT	4,726	9,029		157,517.44		17.45	.041		33.33		.72
@COUNTY HOSPITAL TOTAL	93	319	\$	42,210.87	\$	132.32	.001	\$	453.88	\$	.19
CO HOSPITAL INPATIENT TOTAL	8	24		30,660.13		1277.51	.000		3832.52		.14
HSC HOSPITALS	8	24		30,660.13		1277.51	.000		3832.52		.14
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	85	295		11,550.74		39.16	.001		135.89		.05
MEDICAL	34	54		2,465.52		45.66	.000		72.52		.01
SURGERY	6	10		538.58		53.86	.000		89.76		.00
PATHOLOGY	18	59		933.66		15.82	.000		51.87		.00
RADIOLOGY	21	39		2,702.29		69.29	.000		128.68		.01
ROOM USE	60	88		3,534.64		40.17	.000		58.91		.02
CROSSOVERS/ALL OTH OUTPTNT	30	45		1,376.05		30.58	.000		45.87		.01

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						----- MONTHLY AVERAGE -----		
219,727 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	13,517	48,207	\$ 6,054,298.15	\$ 125.59	.219	\$ 447.90	\$ 27.55	
COMM HOSP INPATIENT TOTAL	1,051	3,713	4,872,245.26	1312.21	.017	4635.82	22.17	
HSC HOSPITALS	926	3,266	4,144,940.85	1269.12	.015	4476.18	18.86	
NON-HSC HOSPITALS TOTAL	129	432	726,464.41	1681.63	.002	5631.51	3.31	
ACCOMMODATIONS	129	432	192,466.46	445.52	.002	1491.99	.88	
ADMINISTRATIVE DAYS	6	18	4,163.40	231.30	.000	693.90	.02	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	123	414	188,303.06	454.84	.002	1530.92	.86	
ANCILLARIES	129	0	533,997.95	.00	.000	4139.52	2.43	
INPATIENT CROSSOVERS	1	15	840.00	56.00	.000	840.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	12,772	44,494	1,182,052.89	26.57	.202	92.55	5.38	
MEDICAL	4,329	5,751	197,430.50	34.33	.026	45.61	.90	

SURGERY	1,031	1,134		38,555.73	34.00	.005	37.40	.18
PATHOLOGY	4,017	14,113		156,306.34	11.08	.064	38.91	.71
RADIOLOGY	3,159	4,191		237,364.69	56.64	.019	75.14	1.08
ROOM USE	8,459	10,321		396,254.24	38.39	.047	46.84	1.80
CROSSOVERS/ALL OTH OUTPTNT	4,698	8,984		156,141.39	17.38	.041	33.24	.71
@STATE HOSPITAL	3	88	\$	42,387.73	\$ 481.68	.000	\$ 14129.24	\$.19
MENTALLY ILL	3	88		42,387.73	481.68	.000	14129.24	.19
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	11	199	\$ 9,825.99	\$ 49.38	.001	\$ 893.27	\$.04
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	11	199	9,825.99	49.38	.001	893.27	.04
@REHABILITATION FACILITY	98	301	\$ 11,820.33	\$ 39.27	.001	\$ 120.62	\$.05
HOSPITAL BASED	94	291	11,594.78	39.84	.001	123.35	.05
INDEPENDENT FACILITY	4	10	225.55	22.56	.000	56.39	.00
@LABORATORY FACILITY	6,978	21,838	\$ 291,613.47	\$ 13.35	.099	\$ 41.79	\$ 1.33
PATHOLOGY	6,973	21,833	291,315.97	13.34	.099	41.78	1.33
XO AND OTHERS	6	5	297.50	59.50	.000	49.58	.00
@ORGANIZED OUTPATIENT CLINIC	27,803	45,948	\$ 4,435,250.53	\$ 96.53	.209	\$ 159.52	\$ 20.19
CLINIC	3,055	8,921	192,811.05	21.61	.041	63.11	.88
SURGICENTER	853	3,672	142,511.34	38.81	.017	167.07	.65
HEROIN DETOX CLINIC	1	8	106.18	13.27	.000	106.18	.00
RURAL HEALTH CLINIC	24,458	33,347	4,099,821.96	122.94	.152	167.63	18.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,376
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MERCED COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

	219,727 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15,739	111,228	\$ 794,329.99	\$ 7.14	.506	\$ 50.47	\$ 3.62	
DURABLE MED. EQUIP.	231	568	23,752.29	41.82	.003	102.82	.11	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	19	74	6,199.61	83.78	.000	326.30	.03	
MEDICAL TRANSPORTATION	1,200	15,500	246,402.25	15.90	.071	205.34	1.12	
AMBULANCES/AIR TRANS	1,200	15,465	183,927.25	11.89	.070	153.27	.84	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	33	35	62,475.00	1785.00	.000	1893.18	.28	
ACUPUNCTURE	62	114	2,177.19	19.10	.001	35.12	.01	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	188	189	19,526.00	103.31	.001	103.86	.09	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	2,542	5,758	57,798.78	10.04	.026	22.74	.26	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	226	416	31,079.11	74.71	.002	137.52	.14	
PROSTHETICS	141	301	25,062.05	83.26	.001	177.75	.11	
ORTHOTICS	91	115	6,017.06	52.32	.001	66.12	.03	
PSYCHOLOGIST	17	105	5,536.66	52.73	.000	325.69	.03	
SPEECH AND AUDIOLOGY	149	364	20,833.30	57.23	.002	139.82	.09	
HOSPICE SERVICES	1	8	953.60	119.20	.000	953.60	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	11,256	37,375	363,836.59	9.73	.170	32.32	1.66	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	1	5	82.35	16.47	.000	82.35	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	125	50,757	16,234.61	.32	.231	129.88	.07	
@CALIF. CHILDREN SERVICES*	883	5,140	\$ 1,394,112.55	\$ 271.23	.023	\$ 1578.84	\$ 6.34	
@XOVER EXCLUDING STATE HOSP**	31	91	\$ 6,763.88	\$ 74.33	.000	\$ 218.19	\$.03	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,377
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MERCED COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL	

----- MONTHLY AVERAGE -----

339,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	192,454	3,610,858	\$ 79,044,929.15	\$ 21.89	10.621	\$ 410.72	\$ 232.50
@PHYSICIANS SERVICES	65,478	186,856	\$ 6,407,610.80	\$ 34.29	.550	\$ 97.86	\$ 18.85
OUTPATIENT VISITS	40,834	54,892	2,057,470.26	37.48	.161	50.39	6.05
OFFICE VISITS	30,419	38,814	1,295,500.64	33.38	.114	42.59	3.81
HOME VISITS	47	71	2,764.15	38.93	.000	58.81	.01
EMERGENCY ROOM	8,986	10,175	513,673.55	50.48	.030	57.16	1.51
PREVENTIVE CARE	20	20	852.14	42.61	.000	42.61	.00
OB VISITS/COMPRE PERI	1,371	3,125	156,913.93	50.21	.009	114.45	.46
OTHER OUTPATIENT	2,375	2,687	87,765.85	32.66	.008	36.95	.26
INPATIENT VISITS	2,793	12,915	687,492.11	53.23	.038	246.15	2.02
HOSPITAL VISITS	2,442	11,119	473,711.30	42.60	.033	193.98	1.39
CRITICAL CARE	236	1,458	204,734.36	140.42	.004	867.52	.60
SNF/ICF/TRANS IP CARE	277	338	9,046.45	26.76	.001	32.66	.03
OPHTHALMOLOGICAL SERVICES	903	1,060	45,778.72	43.19	.003	50.70	.13
EXAMINATIONS	897	1,054	45,641.91	43.30	.003	50.88	.13
SERVICES AND MATERIALS	6	6	136.81	22.80	.000	22.80	.00
INPATIENT HOSPITAL SURGERY	1,743	6,956	842,276.06	121.09	.020	483.23	2.48
PRINCIPAL SURGEON	1,272	1,750	684,856.52	391.35	.005	538.41	2.01
ASSISTANT SURGEON	205	205	35,440.41	172.88	.001	172.88	.10
ANESTHESIOLOGIST	564	5,001	121,979.13	24.39	.015	216.28	.36
OUTPATIENT SURGERY	3,600	9,602	678,739.83	70.69	.028	188.54	2.00
PRINCIPAL SURGEON	2,872	4,026	538,484.39	133.75	.012	187.49	1.58
ASSISTANT SURGEON	42	43	4,717.83	109.72	.000	112.33	.01
ANESTHESIOLOGIST	1,059	5,533	135,537.61	24.50	.016	127.99	.40
DIALYSIS	241	804	74,427.22	92.57	.002	308.83	.22
PATHOLOGY	6,708	12,813	82,194.81	6.41	.038	12.25	.24
RADIOLOGY	12,367	20,210	666,185.60	32.96	.059	53.87	1.96
PSYCHIATRY	6	6	252.93	42.16	.000	42.16	.00
IMMUNIZATION AND INJECTION	1,718	13,260	330,718.50	24.94	.039	192.50	.97
OTHER SERVICES/ALL X-OVERS	19,145	54,338	942,074.76	17.34	.160	49.21	2.77
@PHARMACY	125,675	1,077,546	\$ 32,193,059.28	\$ 29.88	3.169	\$ 256.16	\$ 94.69
PRESCRIPTION DRUGS	124,245	463,433	30,536,817.58	65.89	1.363	245.78	89.82
SNF/ICF	1,523	10,528	856,358.18	81.34	.031	562.28	2.52
OUTPATIENTS	122,886	452,905	29,680,459.40	65.53	1.332	241.53	87.30
MEDICAL SUPPLIES	9,954	614,113	1,656,241.70	2.70	1.806	166.39	4.87
@DENTIST	18,463	104,153	\$ 3,522,327.50	\$ 33.82	.306	\$ 190.78	\$ 10.36
VISITS - DIAGNOSTIC	13,250	68,306	867,653.05	12.70	.201	65.48	2.55
ORAL SURGERY	2,799	6,055	340,276.56	56.20	.018	121.57	1.00
DRUGS	216	485	7,613.75	15.70	.001	35.25	.02
ANESTHESIA	219	232	22,216.00	95.76	.001	101.44	.07
PERIODONTICS	1,034	1,108	123,963.00	111.88	.003	119.89	.36
ENDODONTICS	1,648	3,234	435,114.92	134.54	.010	264.03	1.28
RESTORATIVE DENTISTRY	6,407	19,855	1,263,972.15	63.66	.058	197.28	3.72
PROSTHETICS	72	79	1,870.00	23.67	.000	25.97	.01
DENTURES, STAYPLATES	838	2,419	265,820.33	109.89	.007	317.21	.78
SPACE MAINTAINERS	172	201	22,026.00	109.58	.001	128.06	.06
MAXILLOFACIAL SERVICES	428	434	49,595.49	114.28	.001	115.88	.15
FRACTURES, DISLOCATIONS	2	2	1,600.00	800.00	.000	800.00	.00
ORTHODONTIC SERVICES	1,085	1,379	115,626.25	83.85	.004	106.57	.34
ALL OTHER SERVICES	477	364	4,980.00	13.68	.001	10.44	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003			PAGE 7,378		
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339,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4,243	12,296	\$ 278,757.12	\$ 22.67	.036	\$ 65.70	\$.82
DIAGNOSTIC AND ANC. PROCED	2,041	2,059	93,349.18	45.34	.006	45.74	.27

EYE APPLIANCES	3,254	9,135		143,268.63		15.68	.027	44.03	.42
OTHER OPTOMETRIC SERVICES	881	1,102		42,139.31		38.24	.003	47.83	.12
@CHIROPRACTOR	775	1,252	\$	20,399.68	\$	16.29	.004	\$ 26.32	\$.06
VISITS	748	1,201		19,800.66		16.49	.004	26.47	.06
OTHER SERVICES	28	51		599.02		11.75	.000	21.39	.00
@PODIATRIST	1,136	1,692	\$	18,826.24	\$	11.13	.005	\$ 16.57	\$.06
MEDICINE/INJECTIONS	137	157		4,245.04		27.04	.000	30.99	.01
SURGERY/ANES.	10	13		256.16		19.70	.000	25.62	.00
RADIO./PATHOLOGY	11	20		346.00		17.30	.000	31.45	.00
OTHER	1,006	1,502		13,979.04		9.31	.004	13.90	.04
@HOME HEALTH AGENCY	511	12,800	\$	486,433.46	\$	38.00	.038	\$ 951.92	\$ 1.43
NURSE ANESTHESIST	36	297	\$	2,296.27	\$	7.73	.001	\$ 63.79	\$.01
NURSE MIDWIFE	6	24	\$	775.49	\$	32.31	.000	\$ 129.25	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	97	166	\$	4,495.02	\$	27.08	.000	\$ 46.34	\$.01
@TOTAL HOSPITAL	26,308	129,291	\$	17,256,296.51	\$	133.47	.380	\$ 655.93	\$ 50.76
HOSP INPATIENT TOTAL	2,705	14,298		14,307,356.59		1000.65	.042	5289.23	42.08
HSC HOSPITALS	2,003	10,587		12,579,299.12		1188.18	.031	6280.23	37.00
NON-HSC HOSPITAL TOTAL	261	1,002		1,343,393.78		1340.71	.003	5147.10	3.95
ACCOMMODATIONS	260	1,002		393,949.62		393.16	.003	1515.19	1.16
ADMINISTRATIVE DAYS	68	352		78,496.35		223.00	.001	1154.36	.23
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	195	650		315,453.27		485.31	.002	1617.71	.93
ANCILLARIES	261	0		949,444.16		.00	.000	3637.72	2.79
INPATIENT CROSSOVERS	480	2,709		384,663.69		141.99	.008	801.38	1.13
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	24,409	114,993		2,948,939.92		25.64	.338	120.81	8.67
MEDICAL	7,344	10,846		393,447.92		36.28	.032	53.57	1.16
SURGERY	1,928	2,241		86,553.20		38.62	.007	44.89	.25
PATHOLOGY	7,773	33,227		367,430.29		11.06	.098	47.27	1.08
RADIOLOGY	5,886	8,545		575,133.03		67.31	.025	97.71	1.69
ROOM USE	12,897	17,002		674,024.54		39.64	.050	52.26	1.98
CROSSOVERS/ALL OTH OUTPTNT	11,190	43,132		852,350.94		19.76	.127	76.17	2.51
@COUNTY HOSPITAL TOTAL	276	1,502	\$	144,290.00	\$	96.07	.004	\$ 522.79	\$.42
CO HOSPITAL INPATIENT TOTAL	28	83		99,272.63		1196.06	.000	3545.45	.29
HSC HOSPITALS	26	83		98,273.58		1184.02	.000	3779.75	.29
NON-HSC HOSPITALS TOTAL	1	0		159.05		.00	.000	159.05	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	1	0		159.05		.00	.000	159.05	.00
INPATIENT CROSSOVERS	1	0		840.00		.00	.000	840.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	254	1,419		45,017.37		31.72	.004	177.23	.13
MEDICAL	96	193		7,294.14		37.79	.001	75.98	.02
SURGERY	14	23		1,892.99		82.30	.000	135.21	.01
PATHOLOGY	84	432		5,224.93		12.09	.001	62.20	.02
RADIOLOGY	61	123		11,266.71		91.60	.000	184.70	.03
ROOM USE	156	245		9,299.01		37.96	.001	59.61	.03
CROSSOVERS/ALL OTH OUTPTNT	109	403		10,039.59		24.91	.001	92.11	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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	339,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	26,096	127,789	\$	17,112,006.51	\$ 133.91	.376	\$ 655.73	\$ 50.33
COMM HOSP INPATIENT TOTAL	2,679	14,215		14,208,083.96	999.51	.042	5303.50	41.79
HSC HOSPITALS	1,979	10,504		12,481,025.54	1188.22	.031	6306.73	36.71

----- MONTHLY AVERAGE -----

NON-HSC HOSPITALS TOTAL	260	1,002		1,343,234.73	1340.55	.003	5166.29	3.95
ACCOMMODATIONS	260	1,002		393,949.62	393.16	.003	1515.19	1.16
ADMINISTRATIVE DAYS	68	352		78,496.35	223.00	.001	1154.36	.23
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	195	650		315,453.27	485.31	.002	1617.71	.93
ANCILLARIES	260	0		949,285.11	.00	.000	3651.10	2.79
INPATIENT CROSSOVERS	479	2,709		383,823.69	141.68	.008	801.30	1.13
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	24,216	113,574		2,903,922.55	25.57	.334	119.92	8.54
MEDICAL	7,257	10,653		386,153.78	36.25	.031	53.21	1.14
SURGERY	1,914	2,218		84,660.21	38.17	.007	44.23	.25
PATHOLOGY	7,702	32,795		362,205.36	11.04	.096	47.03	1.07
RADIOLOGY	5,829	8,422		563,866.32	66.95	.025	96.73	1.66
ROOM USE	12,768	16,757		664,725.53	39.67	.049	52.06	1.96
CROSSOVERS/ALL OTH OUTPTNT	11,096	42,729		842,311.35	19.71	.126	75.91	2.48
@STATE HOSPITAL	12	363	\$	191,945.33	\$ 528.78	.001	\$ 15995.44	\$.56
MENTALLY ILL	5	178		81,383.35	457.21	.001	16276.67	.24
DEVELOP. DISABLED	7	185		110,561.98	597.63	.001	15794.57	.33
@NURSING FACILITY	997	21,267	\$	2,947,183.17	\$ 138.58	.063	\$ 2956.05	\$ 8.67
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	25	836		101,959.42	121.96	.002	4078.38	.30
LEV B-SUBACUTE FREESTANDING	1	2		606.80	303.40	.000	606.80	.00
LEV B-SUBACUTE HSPTL BASED	4	108		53,691.35	497.14	.000	13422.84	.16
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	970	20,321		2,790,925.60	137.34	.060	2877.24	8.21
@INTERMEDIATE CARE FACIL.-DD	324	10,595	\$	1,889,041.54	\$ 178.30	.031	\$ 5830.38	\$ 5.56
ICF DDH	99	3,165		472,597.85	149.32	.009	4773.72	1.39
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	225	7,430		1,416,443.69	190.64	.022	6295.31	4.17
@HEMODIALYSIS TOTAL	1,130	14,610	\$	1,009,869.90	\$ 69.12	.043	\$ 893.69	\$ 2.97
HOSPITAL BASED	10	13		33,149.19	2549.94	.000	3314.92	.10
HEMODIALYSIS CENTER	1,120	14,597		976,720.71	66.91	.043	872.07	2.87
@REHABILITATION FACILITY	386	2,067	\$	56,247.06	\$ 27.21	.006	\$ 145.72	\$.17
HOSPITAL BASED	224	751		28,752.39	38.29	.002	128.36	.08
INDEPENDENT FACILITY	165	1,316		27,494.67	20.89	.004	166.63	.08
@LABORATORY FACILITY	14,745	55,179	\$	651,022.87	\$ 11.80	.162	\$ 44.15	\$ 1.91
PATHOLOGY	14,412	54,381		640,288.45	11.77	.160	44.43	1.88
XO AND OTHERS	335	798		10,734.42	13.45	.002	32.04	.03
@ORGANIZED OUTPATIENT CLINIC	48,847	82,760	\$	7,513,746.13	\$ 90.79	.243	\$ 153.82	\$ 22.10
CLINIC	3,749	11,411		247,137.13	21.66	.034	65.92	.73
SURGICENTER	2,169	6,173		239,396.59	38.78	.018	110.37	.70
HEROIN DETOX CLINIC	17	198		2,258.37	11.41	.001	132.85	.01
RURAL HEALTH CLINIC	44,042	64,978		7,024,954.04	108.11	.191	159.51	20.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
MERCED COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL							

		----- MONTHLY AVERAGE -----						
339,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	32,155	1,897,639	\$ 4,594,513.43	\$ 2.42	5.582	\$ 142.89	\$ 13.51	
DURABLE MED. EQUIP.	1,425	4,130	777,323.53	188.21	.012	545.49	2.29	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	576	1,019	193,612.89	190.00	.003	336.13	.57	
MEDICAL TRANSPORTATION	3,853	132,538	908,649.13	6.86	.390	235.83	2.67	
AMBULANCES/AIR TRANS	2,803	35,692	461,792.38	12.94	.105	164.75	1.36	
OTHER TRANS	935	94,285	345,474.77	3.66	.277	369.49	1.02	
OTHER SERVICES	266	2,561	101,381.98	39.59	.008	381.14	.30	
ACUPUNCTURE	185	400	7,389.04	18.47	.001	39.94	.02	
ADULT DAY HEALTH CARE CTR	448	6,666	461,590.91	69.25	.020	1030.34	1.36	
GENETIC DISEASE TESTING	202	203	20,996.00	103.43	.001	103.94	.06	

IHMC,MODEL-NF,NF,AIDS,MSSP	1,169	6,258	437,275.89	69.87	.018	374.06	1.29
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5,799	13,429	167,151.51	12.45	.039	28.82	.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	35	89	1,612.01	18.11	.000	46.06	.00
PROSTHETIST/ORTHOTISTS	789	1,854	173,651.93	93.66	.005	220.09	.51
PROSTHETICS	640	1,664	164,965.00	99.14	.005	257.76	.49
ORTHOTICS	155	190	8,686.93	45.72	.001	56.04	.03
PSYCHOLOGIST	21	114	6,114.01	53.63	.000	291.14	.02
SPEECH AND AUDIOLOGY	542	1,288	84,751.37	65.80	.004	156.37	.25
HOSPICE SERVICES	53	1,211	143,910.30	118.84	.004	2715.29	.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	13,189	59,650	543,090.04	9.10	.175	41.18	1.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	5	82.35	16.47	.000	82.35	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	6,202	1,668,790		667,394.87		.40	4.908	107.61	1.96
@CALIF. CHILDREN SERVICES*	3,279	142,592	\$	4,806,501.74	\$	33.71	.419	\$ 1465.84	\$ 14.14
@XOVER EXCLUDING STATE HOSP**	17,917	164,365	\$	2,413,218.23	\$	14.68	.483	\$ 134.69	\$ 7.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,381
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MERCED COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

4,365 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	2,699	9,437	\$ 602,776.73	\$ 63.87	2.162	\$	223.33	\$ 138.09
@PHYSICIANS SERVICES	1,128	2,147	\$ 98,551.09	\$ 45.90	.492	\$	87.37	\$ 22.58
OUTPATIENT VISITS	977	1,346	46,371.40	34.45	.308		47.46	10.62
OFFICE VISITS	772	1,044	32,517.04	31.15	.239		42.12	7.45
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	221	247	12,180.53	49.31	.057		55.12	2.79
PREVENTIVE CARE	2	2	69.38	34.69	.000		34.69	.02
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	47	53	1,604.45	30.27	.012		34.14	.37
INPATIENT VISITS	46	273	32,292.97	118.29	.063		702.02	7.40
HOSPITAL VISITS	38	83	3,850.20	46.39	.019		101.32	.88
CRITICAL CARE	13	190	28,442.77	149.70	.044		2187.91	6.52
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	10	15	590.21	39.35	.003		59.02	.14
EXAMINATIONS	10	15	590.21	39.35	.003		59.02	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	6	20	3,141.97	157.10	.005		523.66	.72
PRINCIPAL SURGEON	4	5	2,569.02	513.80	.001		642.26	.59
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	3	15	572.95	38.20	.003		190.98	.13
OUTPATIENT SURGERY	20	39	3,147.03	80.69	.009		157.35	.72
PRINCIPAL SURGEON	15	19	2,588.30	136.23	.004		172.55	.59
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	5	20	558.73	27.94	.005		111.75	.13
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	62	93	310.43	3.34	.021		5.01	.07
RADIOLOGY	131	181	2,055.82	11.36	.041		15.69	.47
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	22	28	6,175.37	220.55	.006		280.70	1.41
OTHER SERVICES/ALL X-OVERS	107	152	4,465.89	29.38	.035		41.74	1.02
@PHARMACY	1,681	4,251	\$ 123,370.19	\$ 29.02	.974	\$	73.39	\$ 28.26
PRESCRIPTION DRUGS	1,650	4,097	121,212.10	29.59	.939		73.46	27.77
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	1,650	4,097	121,212.10	29.59	.939		73.46	27.77
MEDICAL SUPPLIES	84	154	2,158.09	14.01	.035		25.69	.49
@DENTIST	3	6	\$ 143.00	\$ 23.83	.001	\$	47.67	\$.03
VISITS - DIAGNOSTIC	3	6	143.00	23.83	.001		47.67	.03
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,382
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS						
				AID CODES 47 69			
4,365 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 68.90	\$ 68.90	.000	\$ 68.90	\$.02
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	1	68.90	68.90	.000	68.90	.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	20	37	\$ 2,493.69	\$ 67.40	.008	\$ 124.68	\$.57
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	411	1,246	\$ 245,350.59	\$ 196.91	.285	\$ 596.96	\$ 56.21
HOSP INPATIENT TOTAL	28	176	212,512.08	1207.46	.040	7589.72	48.69
HSC HOSPITALS	23	167	204,077.81	1222.02	.038	8872.95	46.75
NON-HSC HOSPITAL TOTAL	5	9	8,434.27	937.14	.002	1686.85	1.93
ACCOMMODATIONS	5	9	4,448.85	494.32	.002	889.77	1.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	9	4,448.85	494.32	.002	889.77	1.02
ANCILLARIES	5	0	3,985.42	.00	.000	797.08	.91
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	387	1,070	32,838.51	30.69	.245	84.85	7.52
MEDICAL	86	110	4,044.59	36.77	.025	47.03	.93
SURGERY	18	22	998.17	45.37	.005	55.45	.23
PATHOLOGY	103	286	2,913.50	10.19	.066	28.29	.67
RADIOLOGY	91	109	3,389.92	31.10	.025	37.25	.78
ROOM USE	285	344	13,299.33	38.66	.079	46.66	3.05
CROSSOVERS/ALL OTH OUTPTNT	138	199	8,193.00	41.17	.046	59.37	1.88
@COUNTY HOSPITAL TOTAL	2	4	\$ 2,741.42	\$ 685.36	.001	\$ 1370.71	\$.63
CO HOSPITAL INPATIENT TOTAL	1	2	2,704.00	1352.00	.000	2704.00	.62
HSC HOSPITALS	1	2	2,704.00	1352.00	.000	2704.00	.62
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	37.42	18.71	.000	37.42	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.91	35.91	.000	35.91	.01

4,365 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	409	1,242	\$ 242,609.17	\$ 195.34	.285	\$ 593.18	\$ 55.58
COMM HOSP INPATIENT TOTAL	27	174	209,808.08	1205.79	.040	7770.67	48.07
HSC HOSPITALS	22	165	201,373.81	1220.45	.038	9153.36	46.13
NON-HSC HOSPITALS TOTAL	5	9	8,434.27	937.14	.002	1686.85	1.93
ACCOMMODATIONS	5	9	4,448.85	494.32	.002	889.77	1.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	9	4,448.85	494.32	.002	889.77	1.02
ANCILLARIES	5	0	3,985.42	.00	.000	797.08	.91
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	386	1,068	32,801.09	30.71	.245	84.98	7.51
MEDICAL	86	110	4,044.59	36.77	.025	47.03	.93
SURGERY	18	22	998.17	45.37	.005	55.45	.23
PATHOLOGY	103	286	2,913.50	10.19	.066	28.29	.67
RADIOLOGY	91	109	3,389.92	31.10	.025	37.25	.78
ROOM USE	284	343	13,263.42	38.67	.079	46.70	3.04
CROSSOVERS/ALL OTH OUTPTNT	137	198	8,191.49	41.37	.045	59.79	1.88
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	5	\$ 149.89	\$ 29.98	.001	\$ 74.95	\$.03
HOSPITAL BASED	1	2	80.97	40.49	.000	80.97	.02
INDEPENDENT FACILITY	1	3	68.92	22.97	.001	68.92	.02
@LABORATORY FACILITY	108	161	\$ 1,663.57	\$ 10.33	.037	\$ 15.40	\$.38
PATHOLOGY	108	161	1,663.57	10.33	.037	15.40	.38
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	860	1,231	\$ 122,505.66	\$ 99.52	.282	\$ 142.45	\$ 28.07
CLINIC	57	68	825.12	12.13	.016	14.48	.19
SURGICENTER	3	7	130.66	18.67	.002	43.55	.03
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	812	1,156	121,549.88	105.15	.265	149.69	27.85

4,365 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	29	352	\$ 8,480.15	\$ 24.09	.081	\$ 292.42	\$ 1.94

DURABLE MED. EQUIP.	11	36	911.77	25.33	.008	82.89	.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	18	315	7,537.71	23.93	.072	418.76	1.73
AMBULANCES/AIR TRANS	18	313	3,937.71	12.58	.072	218.76	.90
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.82
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	30.67	30.67	.000	30.67	.01
@CALIF. CHILDREN SERVICES*	62	408	\$ 186,156.93	\$ 456.27	.093	\$ 3002.53	\$ 42.65
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,385
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

						----- MONTHLY AVERAGE -----		
9,274 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	5,196	27,577	\$ 3,648,825.65	\$ 132.31	2.974	\$ 702.24	\$ 393.45	
@PHYSICIANS SERVICES	2,760	9,303	\$ 678,049.95	\$ 72.89	1.003	\$ 245.67	\$ 73.11	
OUTPATIENT VISITS	1,514	3,154	156,776.71	49.71	.340	103.55	16.90	
OFFICE VISITS	202	260	10,573.30	40.67	.028	52.34	1.14	
HOME VISITS	2	2	117.82	58.91	.000	58.91	.01	
EMERGENCY ROOM	185	196	11,326.29	57.79	.021	61.22	1.22	
PREVENTIVE CARE	2	2	114.06	57.03	.000	57.03	.01	
OB VISITS/COMPRE PERI	1,202	2,681	134,267.88	50.08	.289	111.70	14.48	
OTHER OUTPATIENT	12	13	377.36	29.03	.001	31.45	.04	
INPATIENT VISITS	569	1,786	126,623.12	70.90	.193	222.54	13.65	
HOSPITAL VISITS	536	1,192	50,016.63	41.96	.129	93.31	5.39	
CRITICAL CARE	63	594	76,606.49	128.97	.064	1215.98	8.26	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	3	3	139.32	46.44	.000	46.44	.02	
EXAMINATIONS	3	3	139.32	46.44	.000	46.44	.02	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	592	1,402	293,629.73	209.44	.151	496.00	31.66	
PRINCIPAL SURGEON	466	490	250,959.14	512.16	.053	538.54	27.06	
ASSISTANT SURGEON	103	100	16,970.61	169.71	.011	164.76	1.83	
ANESTHESIOLOGIST	134	812	25,699.98	31.65	.088	191.79	2.77	
OUTPATIENT SURGERY	131	245	15,136.06	61.78	.026	115.54	1.63	
PRINCIPAL SURGEON	116	143	12,393.90	86.67	.015	106.84	1.34	

ASSISTANT SURGEON	1	1		186.50	186.50	.000	186.50	.02
ANESTHESIOLOGIST	35	101		2,555.66	25.30	.011	73.02	.28
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	390	1,095		8,540.43	7.80	.118	21.90	.92
RADIOLOGY	860	1,107		50,413.60	45.54	.119	58.62	5.44
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	52	75		3,355.70	44.74	.008	64.53	.36
OTHER SERVICES/ALL X-OVERS	313	436		23,435.28	53.75	.047	74.87	2.53
@PHARMACY	1,626	3,079	\$	100,117.68	\$ 32.52	.332	\$ 61.57	\$ 10.80
PRESCRIPTION DRUGS	1,546	2,743		87,970.28	32.07	.296	56.90	9.49
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1,546	2,743		87,970.28	32.07	.296	56.90	9.49
MEDICAL SUPPLIES	139	336		12,147.40	36.15	.036	87.39	1.31
@DENTIST	17	81	\$	977.00	\$ 12.06	.009	\$ 57.47	\$.11
VISITS - DIAGNOSTIC	16	62		534.00	8.61	.007	33.38	.06
ORAL SURGERY	3	6		248.00	41.33	.001	82.67	.03

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	13	195.00	15.00	.001	65.00	.02
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,386
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

9,274 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$ 74.86	\$ 74.86	.000	\$ 74.86	\$.01
NURSE ANESTHESIST	1	11	\$ 194.86	\$ 17.71	.001	\$ 194.86	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,090	4,211	\$ 2,329,661.93	\$ 553.23	.454	\$ 2137.30	\$ 251.20
HOSP INPATIENT TOTAL	539	1,987	2,274,516.12	1144.70	.214	4219.88	245.26
HSC HOSPITALS	440	1,584	1,836,468.09	1159.39	.171	4173.79	198.02
NON-HSC HOSPITAL TOTAL	102	403	438,048.03	1086.97	.043	4294.59	47.23
ACCOMMODATIONS	102	403	157,256.65	390.22	.043	1541.73	16.96
ADMINISTRATIVE DAYS	3	27	6,245.10	231.30	.003	2081.70	.67
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	99	376	151,011.55	401.63	.041	1525.37	16.28
ANCILLARIES	102	0	280,791.38	.00	.000	2752.86	30.28
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	685	2,224	55,145.81	24.80	.240	80.50	5.95
MEDICAL	136	182	9,675.68	53.16	.020	71.14	1.04
SURGERY	44	50	1,584.34	31.69	.005	36.01	.17
PATHOLOGY	279	949	9,459.90	9.97	.102	33.91	1.02
RADIOLOGY	177	193	12,591.06	65.24	.021	71.14	1.36
ROOM USE	263	312	12,458.27	39.93	.034	47.37	1.34
CROSSOVERS/ALL OTH OUTPTNT	280	538	9,376.56	17.43	.058	33.49	1.01
@COUNTY HOSPITAL TOTAL	2	7	\$ 9,464.04	\$ 1352.01	.001	\$ 4732.02	\$ 1.02
CO HOSPITAL INPATIENT TOTAL	2	7	9,464.04	1352.01	.001	4732.02	1.02
HSC HOSPITALS	2	7	9,464.04	1352.01	.001	4732.02	1.02
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,387							
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49						

9,274 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,088	4,204	\$	2,320,197.89	\$ 551.90	.453	\$ 2132.53	\$ 250.18
COMM HOSP INPATIENT TOTAL	537	1,980		2,265,052.08	1143.97	.214	4217.97	244.24
HSC HOSPITALS	438	1,577		1,827,004.05	1158.53	.170	4171.24	197.00
NON-HSC HOSPITALS TOTAL	102	403		438,048.03	1086.97	.043	4294.59	47.23
ACCOMMODATIONS	102	403		157,256.65	390.22	.043	1541.73	16.96
ADMINISTRATIVE DAYS	3	27		6,245.10	231.30	.003	2081.70	.67
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	99	376		151,011.55	401.63	.041	1525.37	16.28
ANCILLARIES	102	0		280,791.38	.00	.000	2752.86	30.28
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	685	2,224		55,145.81	24.80	.240	80.50	5.95
MEDICAL	136	182		9,675.68	53.16	.020	71.14	1.04
SURGERY	44	50		1,584.34	31.69	.005	36.01	.17
PATHOLOGY	279	949		9,459.90	9.97	.102	33.91	1.02
RADIOLOGY	177	193		12,591.06	65.24	.021	71.14	1.36
ROOM USE	263	312		12,458.27	39.93	.034	47.37	1.34
CROSSOVERS/ALL OTH OUTPTNT	280	538		9,376.56	17.43	.058	33.49	1.01
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,377	4,229	\$	69,971.82	\$ 16.55	.456	\$ 50.81	\$ 7.54
PATHOLOGY	1,370	4,221		69,495.82	16.46	.455	50.73	7.49
XO AND OTHERS	8	8		476.00	59.50	.001	59.50	.05
@ORGANIZED OUTPATIENT CLINIC	1,895	4,759	\$	394,235.74	\$ 82.84	.513	\$ 208.04	\$ 42.51
CLINIC	109	638		16,231.87	25.44	.069	148.92	1.75

SURGICENTER	1	5	198.42	39.68	.001	198.42	.02
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,795	4,116	377,805.45	91.79	.444	210.48	40.74

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,388
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

9,274 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	431	1,903	\$ 75,541.81	\$ 39.70	.205	\$ 175.27	\$ 8.15
DURABLE MED. EQUIP.	10	10	822.79	82.28	.001	82.28	.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	55	1,240	35,004.55	28.23	.134	636.45	3.77
AMBULANCES/AIR TRANS	55	1,229	15,204.55	12.37	.133	276.45	1.64
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	11	11	19,800.00	1800.00	.001	1800.00	2.14
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	291	291	30,068.50	103.33	.031	103.33	3.24
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	84	164	9,557.93	58.28	.018	113.78	1.03
PROSTHETICS	33	103	4,203.46	40.81	.011	127.38	.45
ORTHOTICS	60	61	5,354.47	87.78	.007	89.24	.58
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	198	88.04	.44	.021	88.04	.01
@CALIF. CHILDREN SERVICES*	35	485	\$ 385,270.52	\$ 794.37	.052	\$ 11007.73	\$ 41.54
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,389
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	50	124	\$ 25,499.23	\$ 205.64	1.908	\$ 509.98	\$ 392.30
@PHYSICIANS SERVICES	11	22	\$ 975.24	\$ 44.33	.338	\$ 88.66	\$ 15.00
OUTPATIENT VISITS	6	7	401.29	57.33	.108	66.88	6.17
OFFICE VISITS	1	1	24.00	24.00	.015	24.00	.37
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	195.85	65.28	.046	65.28	3.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3	181.44	60.48	.046	60.48	2.79
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	1	3		263.04		87.68	.046	263.04	4.05
PRINCIPAL SURGEON	1	2		233.18		116.59	.031	233.18	3.59
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	1		29.86		29.86	.015	29.86	.46
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	2	5		46.12		9.22	.077	23.06	.71
RADIOLOGY	6	6		251.79		41.97	.092	41.97	3.87
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		13.00		13.00	.015	13.00	.20
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	23	38	\$	1,878.85	\$	49.44	.585	81.69	28.91
PRESCRIPTION DRUGS	23	37		1,867.44		50.47	.569	81.19	28.73
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	23	37		1,867.44		50.47	.569	81.19	28.73
MEDICAL SUPPLIES	1	1		11.41		11.41	.015	11.41	.18
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,390
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	7	27	\$	19,280.33	\$	714.09	.415	\$	2754.33	\$	296.62
HOSP INPATIENT TOTAL	1	10		18,900.00		1890.00	.154		18900.00		290.77
HSC HOSPITALS	1	10		18,900.00		1890.00	.154		18900.00		290.77
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	17		380.33		22.37	.262		63.39		5.85
MEDICAL	2	2		33.54		16.77	.031		16.77		.52
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	9		105.95		11.77	.138		35.32		1.63

RADIOLOGY	3	2	127.15	63.58	.031	42.38	1.96
ROOM USE	2	2	79.71	39.86	.031	39.86	1.23
CROSSOVERS/ALL OTH OUTPTNT	2	2	33.98	16.99	.031	16.99	.52
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,391
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	27	\$ 19,280.33	\$ 714.09	.415	\$ 2754.33	\$ 296.62
COMM HOSP INPATIENT TOTAL	1	10	18,900.00	1890.00	.154	18900.00	290.77
HSC HOSPITALS	1	10	18,900.00	1890.00	.154	18900.00	290.77
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	17	380.33	22.37	.262	63.39	5.85
MEDICAL	2	2	33.54	16.77	.031	16.77	.52
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	9	105.95	11.77	.138	35.32	1.63
RADIOLOGY	3	2	127.15	63.58	.031	42.38	1.96
ROOM USE	2	2	79.71	39.86	.031	39.86	1.23
CROSSOVERS/ALL OTH OUTPTNT	2	2	33.98	16.99	.031	16.99	.52
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	8	\$ 239.10	\$ 29.89	.123	\$ 47.82	\$ 3.68
PATHOLOGY	5	8	239.10	29.89	.123	47.82	3.68
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	18	29	\$ 3,125.71	\$ 107.78	.446	\$ 173.65	\$ 48.09
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	18	29	3,125.71	107.78	.446	173.65	48.09

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,392
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,393
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76	

13,704 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,945	37,138	\$ 4,277,101.61	\$ 115.17	2.710	\$ 538.34	\$ 312.11
@PHYSICIANS SERVICES	3,899	11,472	\$ 777,576.28	\$ 67.78	.837	\$ 199.43	\$ 56.74

OUTPATIENT VISITS	2,497	4,507	203,549.40	45.16	.329	81.52	14.85
OFFICE VISITS	975	1,305	43,114.34	33.04	.095	44.22	3.15
HOME VISITS	2	2	117.82	58.91	.000	58.91	.01
EMERGENCY ROOM	409	446	23,702.67	53.15	.033	57.95	1.73
PREVENTIVE CARE	4	4	183.44	45.86	.000	45.86	.01
OB VISITS/COMPRE PERI	1,205	2,684	134,449.32	50.09	.196	111.58	9.81
OTHER OUTPATIENT	59	66	1,981.81	30.03	.005	33.59	.14
INPATIENT VISITS	615	2,059	158,916.09	77.18	.150	258.40	11.60
HOSPITAL VISITS	574	1,275	53,866.83	42.25	.093	93.84	3.93
CRITICAL CARE	76	784	105,049.26	133.99	.057	1382.23	7.67
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	13	18	729.53	40.53	.001	56.12	.05
EXAMINATIONS	13	18	729.53	40.53	.001	56.12	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	598	1,422	296,771.70	208.70	.104	496.27	21.66
PRINCIPAL SURGEON	470	495	253,528.16	512.18	.036	539.42	18.50
ASSISTANT SURGEON	103	100	16,970.61	169.71	.007	164.76	1.24
ANESTHESIOLOGIST	137	827	26,272.93	31.77	.060	191.77	1.92
OUTPATIENT SURGERY	152	287	18,546.13	64.62	.021	122.01	1.35
PRINCIPAL SURGEON	132	164	15,215.38	92.78	.012	115.27	1.11
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	.01
ANESTHESIOLOGIST	41	122	3,144.25	25.77	.009	76.69	.23
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	454	1,193	8,896.98	7.46	.087	19.60	.65
RADIOLOGY	997	1,294	52,721.21	40.74	.094	52.88	3.85
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	75	104	9,544.07	91.77	.008	127.25	.70
OTHER SERVICES/ALL X-OVERS	420	588	27,901.17	47.45	.043	66.43	2.04
@PHARMACY	3,330	7,368	\$ 225,366.72	\$ 30.59	.538	\$ 67.68	\$ 16.45
PRESCRIPTION DRUGS	3,219	6,877	211,049.82	30.69	.502	65.56	15.40
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3,219	6,877	211,049.82	30.69	.502	65.56	15.40
MEDICAL SUPPLIES	224	491	14,316.90	29.16	.036	63.91	1.04
@DENTIST	20	87	\$ 1,120.00	\$ 12.87	.006	\$ 56.00	\$.08
VISITS - DIAGNOSTIC	19	68	677.00	9.96	.005	35.63	.05
ORAL SURGERY	3	6	248.00	41.33	.000	82.67	.02
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	13	195.00	15.00	.001	65.00	.01
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

PAGE 7,394 01/29/04

13,704 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 68.90	\$ 68.90	.000	\$ 68.90	\$.01
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	1	68.90	68.90	.000	68.90	.01
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.000	.00	.00
SURGERY/ANES.	0	0		.00		.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	0	0		.00		.000	.00	.00
@HOME HEALTH AGENCY	21	38	\$	2,568.55	\$	67.59	.003	\$ 122.31
NURSE ANESTHESIST	1	11	\$	194.86	\$	17.71	.001	\$ 194.86
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00
@TOTAL HOSPITAL	1,508	5,484	\$	2,594,292.85	\$	473.07	.400	\$ 1720.35
HOSP INPATIENT TOTAL	568	2,173		2,505,928.20		1153.21	.159	4411.85
HSC HOSPITALS	464	1,761		2,059,445.90		1169.48	.129	4438.46
NON-HSC HOSPITAL TOTAL	107	412		446,482.30		1083.69	.030	4172.73
ACCOMMODATIONS	107	412		161,705.50		392.49	.030	1511.27
ADMINISTRATIVE DAYS	3	27		6,245.10		231.30	.002	2081.70
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	104	385		155,460.40		403.79	.028	1494.81
ANCILLARIES	107	0		284,776.80		.00	.000	2661.47
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
HOSP OUTPATIENT TOTAL	1,078	3,311		88,364.65		26.69	.242	81.97
MEDICAL	224	294		13,753.81		46.78	.021	61.40
SURGERY	62	72		2,582.51		35.87	.005	41.65
PATHOLOGY	385	1,244		12,479.35		10.03	.091	32.41
RADIOLOGY	271	304		16,108.13		52.99	.022	59.44
ROOM USE	550	658		25,837.31		39.27	.048	46.98
CROSSOVERS/ALL OTH OUTPTNT	420	739		17,603.54		23.82	.054	41.91
@COUNTY HOSPITAL TOTAL	4	11	\$	12,205.46	\$	1109.59	.001	\$ 3051.37
CO HOSPITAL INPATIENT TOTAL	3	9		12,168.04		1352.00	.001	4056.01
HSC HOSPITALS	3	9		12,168.04		1352.00	.001	4056.01
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
CO HOSP OUTPATIENT TOTAL	1	2		37.42		18.71	.000	37.42
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	1	1		35.91		35.91	.000	35.91
CROSSOVERS/ALL OTH OUTPTNT	1	1		1.51		1.51	.000	1.51

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,395
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	13,704 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,504	5,473	\$	2,582,087.39	\$ 471.79	.399	\$ 1716.81	\$ 188.42
COMM HOSP INPATIENT TOTAL	565	2,164		2,493,760.16	1152.38	.158	4413.73	181.97
HSC HOSPITALS	461	1,752		2,047,277.86	1168.54	.128	4440.95	149.39
NON-HSC HOSPITALS TOTAL	107	412		446,482.30	1083.69	.030	4172.73	32.58
ACCOMMODATIONS	107	412		161,705.50	392.49	.030	1511.27	11.80
ADMINISTRATIVE DAYS	3	27		6,245.10	231.30	.002	2081.70	.46
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	104	385	155,460.40	403.79	.028	1494.81	11.34
ANCILLARIES	107	0	284,776.80	.00	.000	2661.47	20.78
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,077	3,309	88,327.23	26.69	.241	82.01	6.45
MEDICAL	224	294	13,753.81	46.78	.021	61.40	1.00
SURGERY	62	72	2,582.51	35.87	.005	41.65	.19
PATHOLOGY	385	1,244	12,479.35	10.03	.091	32.41	.91
RADIOLOGY	271	304	16,108.13	52.99	.022	59.44	1.18
ROOM USE	549	657	25,801.40	39.27	.048	47.00	1.88
CROSSOVERS/ALL OTH OUTPTNT	419	738	17,602.03	23.85	.054	42.01	1.28
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	5	\$ 149.89	\$ 29.98	.000	\$ 74.95	\$.01
HOSPITAL BASED	1	2	80.97	40.49	.000	80.97	.01
INDEPENDENT FACILITY	1	3	68.92	22.97	.000	68.92	.01
@LABORATORY FACILITY	1,490	4,398	\$ 71,874.49	\$ 16.34	.321	\$ 48.24	\$ 5.24
PATHOLOGY	1,483	4,390	71,398.49	16.26	.320	48.14	5.21
XO AND OTHERS	8	8	476.00	59.50	.001	59.50	.03
@ORGANIZED OUTPATIENT CLINIC	2,773	6,019	\$ 519,867.11	\$ 86.37	.439	\$ 187.47	\$ 37.94
CLINIC	166	706	17,056.99	24.16	.052	102.75	1.24
SURGICENTER	4	12	329.08	27.42	.001	82.27	.02
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,625	5,301	502,481.04	94.79	.387	191.42	36.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,396
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13,704 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	460	2,255	\$ 84,021.96	\$ 37.26	.165	\$ 182.66	\$ 6.13
DURABLE MED. EQUIP.	21	46	1,734.56	37.71	.003	82.60	.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	73	1,555	42,542.26	27.36	.113	582.77	3.10
AMBULANCES/AIR TRANS	73	1,542	19,142.26	12.41	.113	262.22	1.40
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	13	13	23,400.00	1800.00	.001	1800.00	1.71
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	291	291	30,068.50	103.33	.021	103.33	2.19
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	84	164	9,557.93	58.28	.012	113.78	.70
PROSTHETICS	33	103	4,203.46	40.81	.008	127.38	.31
ORTHOTICS	60	61	5,354.47	87.78	.004	89.24	.39
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	199	118.71	.60	.015	59.36	.01
@CALIF. CHILDREN SERVICES*	97	893	\$ 571,427.45	\$ 639.90	.065	\$ 5891.00	\$ 41.70
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
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						----- MONTHLY AVERAGE -----		
1,238 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,118	17,770	\$ 541,702.39	\$ 30.48	14.354	\$ 484.53	\$ 437.56	
@PHYSICIANS SERVICES	330	1,761	\$ 15,431.13	\$ 8.76	1.422	\$ 46.76	\$ 12.46	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	3	3	139.32	46.44	.002	46.44	.11	
EXAMINATIONS	3	3	139.32	46.44	.002	46.44	.11	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	327	1,758	15,291.81	8.70	1.420	46.76	12.35	
@PHARMACY	1,012	9,587	\$ 326,451.57	\$ 34.05	7.744	\$ 322.58	\$ 263.69	
PRESCRIPTION DRUGS	1,000	5,128	317,744.54	61.96	4.142	317.74	256.66	
SNF/ICF	16	124	5,152.51	41.55	.100	322.03	4.16	
OUTPATIENTS	984	5,004	312,592.03	62.47	4.042	317.67	252.50	
MEDICAL SUPPLIES	154	4,459	8,707.03	1.95	3.602	56.54	7.03	
@DENTIST	48	190	\$ 11,208.00	\$ 58.99	.153	\$ 233.50	\$ 9.05	
VISITS - DIAGNOSTIC	29	112	1,338.00	11.95	.090	46.14	1.08	
ORAL SURGERY	8	18	916.00	50.89	.015	114.50	.74	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	2	2	255.00	127.50	.002	127.50	.21	
ENDODONTICS	1	1	215.00	215.00	.001	215.00	.17	
RESTORATIVE DENTISTRY	10	22	2,624.00	119.27	.018	262.40	2.12	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	17	35	5,860.00	167.43	.028	344.71	4.73	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	2	0	.00	.00	.000	.00	.00	

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MERCED COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

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1,238 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	32	69	\$ 1,247.13	\$ 18.07	.056	\$ 38.97	\$ 1.01
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.002	47.45	.08
EYE APPLIANCES	23	53	926.11	17.47	.043	40.27	.75
OTHER OPTOMETRIC SERVICES	11	14	226.12	16.15	.011	20.56	.18
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	47	50	\$ 224.68	\$ 4.49	.040	\$ 4.78	\$.18
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	47	50	224.68	4.49	.040	4.78	.18
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	3	19.14	6.38	.002	19.14	.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	128	836	\$ 23,687.94	\$ 28.33	.675	\$ 185.06	\$ 19.13
HOSP INPATIENT TOTAL	15	84	12,182.75	145.03	.068	812.18	9.84
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	15	84	12,182.75	145.03	.068	812.18	9.84
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	115	752	11,505.19	15.30	.607	100.05	9.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	3.50	3.50	.001	3.50	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	114	751	11,501.69	15.32	.607	100.89	9.29
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

1,238 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	128	836	\$ 23,687.94	\$ 28.33	.675	\$ 185.06	\$ 19.13
COMM HOSP INPATIENT TOTAL	15	84	12,182.75	145.03	.068	812.18	9.84
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	15	84	12,182.75	145.03	.068	812.18	9.84
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	115	752	11,505.19	15.30	.607	100.05	9.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	3.50	3.50	.001	3.50	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	114	751	11,501.69	15.32	.607	100.89	9.29
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	25	423	\$ 62,895.08	\$ 148.69	.342	\$ 2515.80	\$ 50.80
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	25	423	62,895.08	148.69	.342	2515.80	50.80
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	4	\$ 1,992.07	\$ 498.02	.003	\$ 498.02	\$ 1.61
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	4	1,992.07	498.02	.003	498.02	1.61
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	11	25	\$ 209.53	\$ 8.38	.020	\$ 19.05	\$.17
PATHOLOGY	1	3	4.80	1.60	.002	4.80	.00
XO AND OTHERS	10	22	204.73	9.31	.018	20.47	.17
@ORGANIZED OUTPATIENT CLINIC	137	275	\$ 8,084.71	\$ 29.40	.222	\$ 59.01	\$ 6.53
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	28	35	676.54	19.33	.028	24.16	.55
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	113	240	7,408.17	30.87	.194	65.56	5.98

#CALIF DEPT OF HEALTH SERV MOP024
MERCED COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

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1,238 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	314	4,547	\$ 90,251.41	\$ 19.85	3.673	\$ 287.42	\$ 72.90
DURABLE MED. EQUIP.	14	28	9,129.05	326.04	.023	652.08	7.37
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	33	41	10,101.78	246.38	.033	306.11	8.16
MEDICAL TRANSPORTATION	14	266	1,443.40	5.43	.215	103.10	1.17

AMBULANCES/AIR TRANS	4	60	598.88	9.98	.048	149.72	.48
OTHER TRANS	7	166	588.36	3.54	.134	84.05	.48
OTHER SERVICES	4	40	256.16	6.40	.032	64.04	.21
ACUPUNCTURE	2	6	108.13	18.02	.005	54.07	.09
ADULT DAY HEALTH CARE CTR	20	285	19,796.66	69.46	.230	989.83	15.99
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	119	460	39,125.44	85.06	.372	328.79	31.60
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	34	82	2,153.83	26.27	.066	63.35	1.74
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	8	250.66	31.33	.006	62.67	.20
PROSTHETICS	4	8	250.66	31.33	.006	62.67	.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	10	434.70	43.47	.008	86.94	.35

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	148	3,361	7,707.76	2.29	2.715	52.08	6.23
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	553	4,870	\$ 65,805.45	\$ 13.51	3.934	\$ 119.00	\$ 53.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,401
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 MERCED COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

31 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	28	238	\$ 17,259.30	\$ 72.52	7.677	\$ 616.40	\$ 556.75
@PHYSICIANS SERVICES	12	22	\$ 346.34	\$ 15.74	.710	\$ 28.86	\$ 11.17
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	22	346.34	15.74	.710	28.86	11.17
@PHARMACY	24	154	\$ 11,743.92	\$ 76.26	4.968	\$ 489.33	\$ 378.84
PRESCRIPTION DRUGS	24	149	11,419.65	76.64	4.806	475.82	368.38
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	24	149	11,419.65	76.64	4.806	475.82	368.38
MEDICAL SUPPLIES	2	5	324.27	64.85	.161	162.14	10.46
@DENTIST	2	16	\$ 338.00	\$ 21.13	.516	\$ 169.00	\$ 10.90
VISITS - DIAGNOSTIC	2	9	31.00	3.44	.290	15.50	1.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

	2	7	307.00	43.86	.226	153.50	9.90
RESTORATIVE DENTISTRY	2	7	307.00	43.86	.226	153.50	9.90
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

31 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 3.24	\$ 3.24	.032	\$ 3.24	\$.10
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	3.24	3.24	.032	3.24	.10
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	18	\$ 332.75	\$ 18.49	.581	\$ 110.92	\$ 10.73
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	18	332.75	18.49	.581	110.92	10.73
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	18	332.75	18.49	.581	110.92	10.73
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,403
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
31 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	18	\$ 332.75	\$ 18.49	.581	\$ 110.92	\$ 10.73
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	18	332.75	18.49	.581	110.92	10.73
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	18	332.75	18.49	.581	110.92	10.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	7	\$ 3,642.91	\$ 520.42	.226	\$ 520.42	\$ 117.51
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	7	3,642.91	520.42	.226	520.42	117.51
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	6	\$ 136.32	\$ 22.72	.194	\$ 34.08	\$ 4.40
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	6	136.32	22.72	.194	34.08	4.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,404

31 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	14	\$ 715.82	\$ 51.13	.452	\$ 178.96	\$ 23.09
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.032	25.00	.81
MEDICAL TRANSPORTATION	1	3	22.60	7.53	.097	22.60	.73
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	3	22.60	7.53	.097	22.60	.73
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	3	217.28	72.43	.097	217.28	7.01
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	7	450.94	64.42	.226	225.47	14.55
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	15	58	\$ 4,798.78	\$ 82.74	1.871	\$ 319.92	\$ 154.80

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
MERCED COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

PAGE 7,405
01/29/04

501 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	418	8,699	\$ 238,420.54	\$ 27.41	17.363	\$ 570.38	\$ 475.89
@PHYSICIANS SERVICES	119	371	\$ 5,193.51	\$ 14.00	.741	\$ 43.64	\$ 10.37
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.002	46.44	.09
EXAMINATIONS	1	1	46.44	46.44	.002	46.44	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		10.90	5.45	.004	5.45	.02
OTHER SERVICES/ALL X-OVERS	116	368		5,136.17	13.96	.735	44.28	10.25
@PHARMACY	364	5,269	\$	184,246.13	\$ 34.97	10.517	\$ 506.17	\$ 367.76
PRESCRIPTION DRUGS	358	1,909		177,137.89	92.79	3.810	494.80	353.57

SNF/ICF	1	6	305.20	50.87	.012	305.20	.61
OUTPATIENTS	357	1,903	176,832.69	92.92	3.798	495.33	352.96
MEDICAL SUPPLIES	71	3,360	7,108.24	2.12	6.707	100.12	14.19
@DENTIST	47	195	\$ 7,242.00	\$ 37.14	.389	\$ 154.09	\$ 14.46
VISITS - DIAGNOSTIC	28	132	1,338.00	10.14	.263	47.79	2.67
ORAL SURGERY	6	15	889.00	59.27	.030	148.17	1.77
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.002	100.00	.20
PERIODONTICS	8	10	1,024.00	102.40	.020	128.00	2.04
ENDODONTICS	3	5	520.00	104.00	.010	173.33	1.04
RESTORATIVE DENTISTRY	13	30	3,306.00	110.20	.060	254.31	6.60
PROSTHETICS	1	1	.00	.00	.002	.00	.00
DENTURES, STAYPLATES	1	1	65.00	65.00	.002	65.00	.13
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

501 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	19	\$ 271.19	\$ 14.27	.038	\$ 38.74	\$.54
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45	.09
EYE APPLIANCES	4	12	202.18	16.85	.024	50.55	.40
OTHER OPTOMETRIC SERVICES	3	6	21.56	3.59	.012	7.19	.04
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	12	\$ 53.28	\$ 4.44	.024	\$ 6.66	\$.11
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	8	12	53.28	4.44	.024	6.66	.11
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	40	289	\$ 7,434.26	\$ 25.72	.577	\$ 185.86	\$ 14.84
HOSP INPATIENT TOTAL	5	82	3,568.94	43.52	.164	713.79	7.12
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	82	3,568.94	43.52	.164	713.79	7.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	35	207	3,865.32	18.67	.413	110.44	7.72
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	35	207	3,865.32	18.67	.413	110.44	7.72
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,407
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 MERCED COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

501 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	40	289	\$ 7,434.26	\$ 25.72	.577	\$ 185.86	\$ 14.84
COMM HOSP INPATIENT TOTAL	5	82	3,568.94	43.52	.164	713.79	7.12
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	82	3,568.94	43.52	.164	713.79	7.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	35	207	3,865.32	18.67	.413	110.44	7.72
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	35	207	3,865.32	18.67	.413	110.44	7.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	11	32	\$ 14,823.69	\$ 463.24	.064	\$ 1347.61	\$ 29.59
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	11	32	14,823.69	463.24	.064	1347.61	29.59
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	7	\$ 4,433.98	\$ 633.43	.014	\$ 739.00	\$ 8.85
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7	4,433.98	633.43	.014	739.00	8.85
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	6	\$	9.58	\$	1.60	.012	\$ 4.79	\$.02
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	2	6		9.58		1.60	.012	4.79	.02
@ORGANIZED OUTPATIENT CLINIC	65	112	\$	5,523.28	\$	49.32	.224	\$ 84.97	\$ 11.02
CLINIC	1	1		5.30		5.30	.002	5.30	.01
SURGICENTER	1	1		9.53		9.53	.002	9.53	.02
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	63	110		5,508.45		50.08	.220	87.44	10.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,408		
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04		
MERCED COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C								

501 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	81	2,387	\$ 9,189.64	\$ 3.85	4.764	\$ 113.45	\$ 18.34
DURABLE MED. EQUIP.	5	5	2,895.82	579.16	.010	579.16	5.78
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	65	650.88	10.01	.130	81.36	1.30
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	9	60.75	6.75	.018	30.38	.12
OTHER SERVICES	8	56	590.13	10.54	.112	73.77	1.18
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	23	52	717.69	13.80	.104	31.20	1.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	5	275.40	55.08	.010	91.80	.55
PROSTHETICS	3	5	275.40	55.08	.010	91.80	.55
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5	166.83	33.37	.010	55.61	.33
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	49	2,255	4,483.02	1.99	4.501	91.49	8.95
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	175	2,764	\$ 31,492.07	\$ 11.39	5.517	\$ 179.95	\$ 62.86

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,409
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

PAGE 7,410
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	

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FEE-FOR-SERVICE/DENTAL

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SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES

DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MERCED COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

1,770 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	1,564	26,707	\$ 797,382.23	\$ 29.86	15.089	\$ 509.84	\$ 450.50
@PHYSICIANS SERVICES	461	2,154	\$ 20,970.98	\$ 9.74	1.217	\$ 45.49	\$ 11.85
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	185.76	46.44	.002	46.44	.10
EXAMINATIONS	4	4	185.76	46.44	.002	46.44	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	10.90	5.45	.001	5.45	.01
OTHER SERVICES/ALL X-OVERS	455	2,148	20,774.32	9.67	1.214	45.66	11.74
@PHARMACY	1,400	15,010	\$ 522,441.62	\$ 34.81	8.480	\$ 373.17	\$ 295.16
PRESCRIPTION DRUGS	1,382	7,186	506,302.08	70.46	4.060	366.35	286.05
SNF/ICF	17	130	5,457.71	41.98	.073	321.04	3.08
OUTPATIENTS	1,365	7,056	500,844.37	70.98	3.986	366.92	282.96
MEDICAL SUPPLIES	227	7,824	16,139.54	2.06	4.420	71.10	9.12
@DENTIST	97	401	\$ 18,788.00	\$ 46.85	.227	\$ 193.69	\$ 10.61
VISITS - DIAGNOSTIC	59	253	2,707.00	10.70	.143	45.88	1.53
ORAL SURGERY	14	33	1,805.00	54.70	.019	128.93	1.02
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.06
PERIODONTICS	10	12	1,279.00	106.58	.007	127.90	.72
ENDODONTICS	4	6	735.00	122.50	.003	183.75	.42
RESTORATIVE DENTISTRY	25	59	6,237.00	105.71	.033	249.48	3.52
PROSTHETICS	1	1	.00	.00	.001	.00	.00
DENTURES, STAYPLATES	18	36	5,925.00	164.58	.020	329.17	3.35
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	0	.00	.00	.000	.00	.00

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1,770 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

----- MONTHLY AVERAGE -----
UNITS/DAYS COST PER
PER ELIG USER

COST PER
ELIGIBLE

@OPTOMETRIST	39	88	\$	1,518.32	\$	17.25	.050	\$	38.93	\$	.86
DIAGNOSTIC AND ANC. PROCED	3	3		142.35		47.45	.002		47.45		.08
EYE APPLIANCES	27	65		1,128.29		17.36	.037		41.79		.64
OTHER OPTOMETRIC SERVICES	14	20		247.68		12.38	.011		17.69		.14
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	56	63	\$	281.20	\$	4.46	.036	\$	5.02	\$	.16
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	56	63		281.20		4.46	.036		5.02		.16
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	3	\$	19.14	\$	6.38	.002	\$	19.14	\$	.01
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	171	1,143	\$	31,454.95	\$	27.52	.646	\$	183.95	\$	17.77
HOSP INPATIENT TOTAL	20	166		15,751.69		94.89	.094		787.58		8.90
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	20	166		15,751.69		94.89	.094		787.58		8.90
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	153	977		15,703.26		16.07	.552		102.64		8.87
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		3.50		3.50	.001		3.50		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	152	976		15,699.76		16.09	.551		103.29		8.87
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MERCED COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	1,770 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	171	1,143	\$	31,454.95	\$ 27.52	.646	\$ 183.95	\$ 17.77

COMM HOSP INPATIENT TOTAL	20	166	15,751.69	94.89	.094	787.58	8.90
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20	166	15,751.69	94.89	.094	787.58	8.90
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	153	977	15,703.26	16.07	.552	102.64	8.87
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	3.50	3.50	.001	3.50	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	152	976		15,699.76	16.09	.551	103.29	8.87
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	36	455	\$	77,718.77	170.81	.257	2158.85	43.91
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	36	455		77,718.77	170.81	.257	2158.85	43.91
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	17	18	\$	10,068.96	559.39	.010	592.29	5.69
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	17	18		10,068.96	559.39	.010	592.29	5.69
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	13	31	\$	219.11	7.07	.018	16.85	.12
PATHOLOGY	1	3		4.80	1.60	.002	4.80	.00
XO AND OTHERS	12	28		214.31	7.65	.016	17.86	.12
@ORGANIZED OUTPATIENT CLINIC	206	393	\$	13,744.31	34.97	.222	66.72	7.77
CLINIC	1	1		5.30	5.30	.001	5.30	.00
SURGICENTER	29	36		686.07	19.06	.020	23.66	.39
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	180	356		13,052.94	36.67	.201	72.52	7.37
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 SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	1,770 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	399	6,948	\$	100,156.87	\$ 14.42	3.925	\$ 251.02	\$ 56.59
DURABLE MED. EQUIP.	19	33		12,024.87	364.39	.019	632.89	6.79
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	34	42		10,126.78	241.11	.024	297.85	5.72
MEDICAL TRANSPORTATION	23	334		2,116.88	6.34	.189	92.04	1.20
AMBULANCES/AIR TRANS	4	60		598.88	9.98	.034	149.72	.34
OTHER TRANS	9	175		649.11	3.71	.099	72.12	.37
OTHER SERVICES	13	99		868.89	8.78	.056	66.84	.49
ACUPUNCTURE	2	6		108.13	18.02	.003	54.07	.06
ADULT DAY HEALTH CARE CTR	20	285		19,796.66	69.46	.161	989.83	11.18
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	119	460		39,125.44	85.06	.260	328.79	22.10
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	58	137		3,088.80	22.55	.077	53.26	1.75
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	13		526.06	40.47	.007	75.15	.30
PROSTHETICS	7	13		526.06	40.47	.007	75.15	.30
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	15		601.53	40.10	.008	75.19	.34
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	199	5,623	12,641.72	2.25	3.177	63.53	7.14
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	743	7,692	\$ 102,096.30	\$ 13.27	4.346	\$ 137.41	\$ 57.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MERCED COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

	1,812 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,702	78,738	\$ 1,090,490.97	\$ 13.85	43.454	\$ 640.71	\$ 601.82	
@PHYSICIANS SERVICES	482	2,956	\$ 28,801.48	\$ 9.74	1.631	\$ 59.75	\$ 15.89	
OUTPATIENT VISITS	1	1	18.10	18.10	.001	18.10	.01	
OFFICE VISITS	1	1	18.10	18.10	.001	18.10	.01	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	3	3	139.32	46.44	.002	46.44	.08	
EXAMINATIONS	3	3	139.32	46.44	.002	46.44	.08	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	1	2.92	2.92	.001	2.92	.00	
RADIOLOGY	2	3	23.70	7.90	.002	11.85	.01	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	475	2,948	28,617.44	9.71	1.627	60.25	15.79	
@PHARMACY	1,413	21,446	\$ 508,462.09	\$ 23.71	11.836	\$ 359.85	\$ 280.61	
PRESCRIPTION DRUGS	1,387	7,640	495,564.80	64.86	4.216	357.29	273.49	
SNF/ICF	56	434	25,081.89	57.79	.240	447.89	13.84	
OUTPATIENTS	1,339	7,206	470,482.91	65.29	3.977	351.37	259.65	
MEDICAL SUPPLIES	161	13,806	12,897.29	.93	7.619	80.11	7.12	
@DENTIST	66	242	\$ 7,785.00	\$ 32.17	.134	\$ 117.95	\$ 4.30	
VISITS - DIAGNOSTIC	40	160	1,551.00	9.69	.088	38.78	.86	
ORAL SURGERY	11	15	844.00	56.27	.008	76.73	.47	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	6	6	620.00	103.33	.003	103.33	.34	
ENDODONTICS	3	3	735.00	245.00	.002	245.00	.41	
RESTORATIVE DENTISTRY	12	30	2,188.00	72.93	.017	182.33	1.21	
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02	
DENTURES, STAYPLATES	13	27	1,817.00	67.30	.015	139.77	1.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,418
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

1,812 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	31	77	\$ 1,501.10	\$ 19.49	.042	\$ 48.42	\$.83
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.002	47.45	.08
EYE APPLIANCES	22	61	1,062.99	17.43	.034	48.32	.59
OTHER OPTOMETRIC SERVICES	9	13	295.76	22.75	.007	32.86	.16
@CHIROPRACTOR	0	0	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	69	92	\$ 572.95	\$ 6.23	.051	\$ 8.30	\$.32
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	69	92	572.95	6.23	.051	8.30	.32
@HOME HEALTH AGENCY	0	0	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	17	\$ 62.27	\$ 3.66	.009	\$ 31.14	\$.03
NURSE MIDWIFE	0	0	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 2.76	\$ 2.76	.001	\$ 2.76	\$.00
@TOTAL HOSPITAL	147	1,082	\$ 48,731.27	\$ 45.04	.597	\$ 331.51	\$ 26.89
HOSP INPATIENT TOTAL	34	205	35,172.48	171.57	.113	1034.48	19.41
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	34	205	35,172.48	171.57	.113	1034.48	19.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	118	877	13,558.79	15.46	.484	114.91	7.48
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	118	877	13,558.79	15.46	.484	114.91	7.48
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,419
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

1,812 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	147	1,082	\$ 48,731.27	\$ 45.04	.597	\$ 331.51	\$ 26.89
COMM HOSP INPATIENT TOTAL	34	205	35,172.48	171.57	.113	1034.48	19.41
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	34	205	35,172.48	171.57	.113	1034.48	19.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	118	877	13,558.79	15.46	.484	114.91	7.48
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	118	877	13,558.79	15.46	.484	114.91	7.48
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	75	1,151	\$ 209,154.45	\$ 181.72	.635	\$ 2788.73	\$ 115.43
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	75	1,151	209,154.45	181.72	.635	2788.73	115.43
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	29	36	\$ 14,265.22	\$ 396.26	.020	\$ 491.90	\$ 7.87
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	29	36	14,265.22	396.26	.020	491.90	7.87
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	11	20	\$ 190.65	\$ 9.53	.011	\$ 17.33	\$.11
PATHOLOGY	1	5	13.22	2.64	.003	13.22	.01
XO AND OTHERS	10	15	177.43	11.83	.008	17.74	.10
@ORGANIZED OUTPATIENT CLINIC	116	206	\$ 9,209.29	\$ 44.71	.114	\$ 79.39	\$ 5.08
CLINIC	1	3	190.97	63.66	.002	190.97	.11
SURGICENTER	11	16	644.97	40.31	.009	58.63	.36
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	105	187	8,373.35	44.78	.103	79.75	4.62

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,420
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

1,812 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	706	51,412	\$	261,752.44	\$ 5.09	28.373	\$ 370.75	\$ 144.45
DURABLE MED. EQUIP.	27	60		21,964.90	366.08	.033	813.51	12.12
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	28	48		14,661.52	305.45	.026	523.63	8.09
MEDICAL TRANSPORTATION	83	3,492		16,743.71	4.79	1.927	201.73	9.24
AMBULANCES/AIR TRANS	8	112		1,065.74	9.52	.062	133.22	.59
OTHER TRANS	66	3,068		14,375.92	4.69	1.693	217.82	7.93
OTHER SERVICES	11	312		1,302.05	4.17	.172	118.37	.72
ACUPUNCTURE	10	25		416.31	16.65	.014	41.63	.23
ADULT DAY HEALTH CARE CTR	67	1,095		75,836.26	69.26	.604	1131.88	41.85
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	251	1,257		101,510.14	80.76	.694	404.42	56.02
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	44	105		1,651.29	15.73	.058	37.53	.91
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	16	360.66	22.54	.009	51.52	.20
PROSTHETICS	7	16	360.66	22.54	.009	51.52	.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	11	539.09	49.01	.006	107.82	.30
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	380	45,303	28,068.56	.62	25.002	73.86	15.49
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	827	7,610	\$ 185,505.76	\$ 24.38	4.200	\$ 224.31	\$ 102.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,421
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28	

55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	66	2,746	\$ 66,373.75	\$ 24.17	49.927	\$ 1005.66	\$ 1206.80
@PHYSICIANS SERVICES	18	333	\$ 955.42	\$ 2.87	6.055	\$ 53.08	\$ 17.37
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	18	333	955.42	2.87	6.055	53.08	17.37
@PHARMACY	60	1,070	\$ 34,373.24	\$ 32.12	19.455	\$ 572.89	\$ 624.97
PRESCRIPTION DRUGS	60	501	33,174.32	66.22	9.109	552.91	603.17
SNF/ICF	1	9	481.81	53.53	.164	481.81	8.76
OUTPATIENTS	60	492	32,692.51	66.45	8.945	544.88	594.41
MEDICAL SUPPLIES	20	569	1,198.92	2.11	10.345	59.95	21.80
@DENTIST	1	1	\$ 140.00	\$ 140.00	.018	\$ 140.00	\$ 2.55

55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	140.00	140.00	.018	140.00	2.55
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,422 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28							
----- MONTHLY AVERAGE -----							
@OPTOMETRIST	1	1	\$ 30.00	\$ 30.00	.018	\$ 30.00	\$.55
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	1	30.00	30.00	.018	30.00	.55
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 8.03	\$ 8.03	.018	\$ 8.03	\$.15
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	8.03	8.03	.018	8.03	.15
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	11	\$ 907.17	\$ 82.47	.200	\$ 181.43	\$ 16.49
HOSP INPATIENT TOTAL	1	0	840.00	.00	.000	840.00	15.27
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	15.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	11	67.17	6.11	.200	16.79	1.22
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	11	67.17	6.11	.200	16.79	1.22
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,423
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	11	\$ 907.17	\$ 82.47	.200	\$ 181.43	\$ 16.49
COMM HOSP INPATIENT TOTAL	1	0	840.00	.00	.000	840.00	15.27
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	15.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	11	67.17	6.11	.200	16.79	1.22
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	11	67.17	6.11	.200	16.79	1.22
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8	8	\$ 5,997.62	\$ 749.70	.145	\$ 749.70	\$ 109.05
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8	8	5,997.62	749.70	.145	749.70	109.05
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	6	7	\$	79.74	\$	11.39	.127	\$	13.29	\$	1.45
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	3	4		30.69		7.67	.073		10.23		.56
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	3		49.05		16.35	.055		16.35		.89

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,424
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	28	1,314	\$ 23,882.53	\$ 18.18	23.891	\$ 852.95	\$ 434.23
DURABLE MED. EQUIP.	1	1	154.40	154.40	.018	154.40	2.81
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	902.57	902.57	.018	902.57	16.41
MEDICAL TRANSPORTATION	10	943	5,934.60	6.29	17.145	593.46	107.90
AMBULANCES/AIR TRANS	1	2	110.71	55.36	.036	110.71	2.01
OTHER TRANS	9	941	5,823.89	6.19	17.109	647.10	105.89
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	9	234	16,121.13	68.89	4.255	1791.24	293.11
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	39.60	19.80	.036	39.60	.72
PROSTHETICS	1	2	39.60	19.80	.036	39.60	.72
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4	187.47	46.87	.073	187.47	3.41
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	129	542.76	4.21	2.345	31.93	9.87
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	32	543	\$ 8,848.08	\$ 16.29	9.873	\$ 276.50	\$ 160.87

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,425
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED	AID CODE 68

901 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	882	58,397	\$ 707,539.71	\$ 12.12	64.814	\$ 802.20	\$ 785.28
@PHYSICIANS SERVICES	248	977	\$ 24,296.76	\$ 24.87	1.084	\$ 97.97	\$ 26.97
OUTPATIENT VISITS	55	99	3,572.16	36.08	.110	64.95	3.96
OFFICE VISITS	44	73	2,194.51	30.06	.081	49.88	2.44
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	15	18	984.32	54.68	.020	65.62	1.09
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	7	8	393.33	49.17	.009	56.19	.44
INPATIENT VISITS	11	85	5,078.24	59.74	.094	461.66	5.64

HOSPITAL VISITS	11	62	2,680.44	43.23	.069	243.68	2.97
CRITICAL CARE	4	23	2,397.80	104.25	.026	599.45	2.66
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	83.59	41.80	.002	41.80	.09
EXAMINATIONS	2	2	83.59	41.80	.002	41.80	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	18	1,245.10	69.17	.020	249.02	1.38
PRINCIPAL SURGEON	4	5	951.11	190.22	.006	237.78	1.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13	293.99	22.61	.014	147.00	.33
OUTPATIENT SURGERY	10	11	779.87	70.90	.012	77.99	.87
PRINCIPAL SURGEON	10	11	779.87	70.90	.012	77.99	.87
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	15	71.69	4.78	.017	7.97	.08

RADIOLOGY	36	92		2,630.98		28.60	.102	73.08	2.92
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	15		5,149.87		343.32	.017	858.31	5.72
OTHER SERVICES/ALL X-OVERS	179	640		5,685.26		8.88	.710	31.76	6.31
@PHARMACY	749	27,540	\$	411,893.29	\$	14.96	30.566	549.92	457.15
PRESCRIPTION DRUGS	731	4,586		386,851.65		84.35	5.090	529.21	429.36
SNF/ICF	19	171		9,513.29		55.63	.190	500.70	10.56
OUTPATIENTS	712	4,415		377,338.36		85.47	4.900	529.97	418.80
MEDICAL SUPPLIES	202	22,954		25,041.64		1.09	25.476	123.97	27.79
@DENTIST	30	117	\$	6,318.09	\$	54.00	.130	210.60	7.01
VISITS - DIAGNOSTIC	22	71		1,069.00		15.06	.079	48.59	1.19
ORAL SURGERY	5	12		345.00		28.75	.013	69.00	.38
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	3	4		655.00		163.75	.004	218.33	.73
ENDODONTICS	2	2		545.00		272.50	.002	272.50	.60
RESTORATIVE DENTISTRY	8	19		1,620.00		85.26	.021	202.50	1.80
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	6	8		1,958.00		244.75	.009	326.33	2.17
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		126.09		126.09	.001	126.09	.14
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 7,426
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68								

----- MONTHLY AVERAGE -----									
901 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	19	45	\$ 817.05	\$ 18.16	.050	\$ 43.00	\$.91		
DIAGNOSTIC AND ANC. PROCED	4	4	177.94	44.49	.004	44.49	.20		
EYE APPLIANCES	13	36	606.54	16.85	.040	46.66	.67		
OTHER OPTOMETRIC SERVICES	3	5	32.57	6.51	.006	10.86	.04		
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	14	17	\$ 139.43	\$ 8.20	.019	\$ 9.96	\$.15		
MEDICINE/INJECTIONS	2	2	44.48	22.24	.002	22.24	.05		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	12	15	94.95	6.33	.017	7.91	.11		
@HOME HEALTH AGENCY	2	19	\$ 1,465.06	\$ 77.11	.021	\$ 732.53	\$ 1.63		
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00		
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00		
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00		
@TOTAL HOSPITAL	112	793	\$ 77,755.12	\$ 98.05	.880	\$ 694.24	\$ 86.30		
HOSP INPATIENT TOTAL	26	134	68,242.25	509.27	.149	2624.70	75.74		
HSC HOSPITALS	8	49	51,780.00	1056.73	.054	6472.50	57.47		
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	18	85	16,462.25	193.67	.094	914.57	18.27		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	90	659	9,512.87	14.44	.731	105.70	10.56		
MEDICAL	10	23	505.78	21.99	.026	50.58	.56		

SURGERY	7	23	203.42	8.84	.026	29.06	.23
PATHOLOGY	21	96	1,134.88	11.82	.107	54.04	1.26
RADIOLOGY	17	22	1,278.53	58.12	.024	75.21	1.42
ROOM USE	22	47	1,566.56	33.33	.052	71.21	1.74
CROSSOVERS/ALL OTH OUTPTNT	63	448	4,823.70	10.77	.497	76.57	5.35
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,427
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED						AID CODE 68

901 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	112	793	\$ 77,755.12	\$ 98.05	.880	\$ 694.24	\$ 86.30
COMM HOSP INPATIENT TOTAL	26	134	68,242.25	509.27	.149	2624.70	75.74
HSC HOSPITALS	8	49	51,780.00	1056.73	.054	6472.50	57.47
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	18	85	16,462.25	193.67	.094	914.57	18.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	90	659	9,512.87	14.44	.731	105.70	10.56
MEDICAL	10	23	505.78	21.99	.026	50.58	.56
SURGERY	7	23	203.42	8.84	.026	29.06	.23
PATHOLOGY	21	96	1,134.88	11.82	.107	54.04	1.26
RADIOLOGY	17	22	1,278.53	58.12	.024	75.21	1.42
ROOM USE	22	47	1,566.56	33.33	.052	71.21	1.74
CROSSOVERS/ALL OTH OUTPTNT	63	448	4,823.70	10.77	.497	76.57	5.35
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	29	644	\$ 88,969.93	\$ 138.15	.715	\$ 3067.93	\$ 98.75
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	29	644	88,969.93	138.15	.715	3067.93	98.75
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	29	41	\$	14,962.98	\$	364.95		.046	\$	515.96	\$	16.61
HOSPITAL BASED	0	0		.00		.00		.000		.00		.00
HEMODIALYSIS CENTER	29	41		14,962.98		364.95		.046		515.96		16.61
@REHABILITATION FACILITY	3	7	\$	143.50	\$	20.50		.008	\$	47.83	\$	.16
HOSPITAL BASED	0	0		.00		.00		.000		.00		.00
INDEPENDENT FACILITY	3	7		143.50		20.50		.008		47.83		.16
@LABORATORY FACILITY	31	94	\$	728.76	\$	7.75		.104	\$	23.51	\$	.81
PATHOLOGY	27	90		709.61		7.88		.100		26.28		.79
XO AND OTHERS	4	4		19.15		4.79		.004		4.79		.02
@ORGANIZED OUTPATIENT CLINIC	109	201	\$	15,098.77	\$	75.12		.223	\$	138.52	\$	16.76
CLINIC	3	4		10.30		2.58		.004		3.43		.01
SURGICENTER	6	13		832.82		64.06		.014		138.80		.92
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	102	184		14,255.65		77.48		.204		139.76		15.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003											PAGE 7,428
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED											AID CODE 68

901 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	268	27,902	\$ 64,950.97	\$ 2.33	30.968	\$ 242.35	\$ 72.09
DURABLE MED. EQUIP.	41	104	32,261.86	310.21	.115	786.87	35.81
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	25	293	2,804.80	9.57	.325	112.19	3.11
AMBULANCES/AIR TRANS	11	121	1,755.27	14.51	.134	159.57	1.95
OTHER TRANS	7	113	568.51	5.03	.125	81.22	.63
OTHER SERVICES	7	59	481.02	8.15	.065	68.72	.53
ACUPUNCTURE	1	1	16.22	16.22	.001	16.22	.02
ADULT DAY HEALTH CARE CTR	1	1	69.58	69.58	.001	69.58	.08
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	9	33	3,000.92	90.94	.037	333.44	3.33
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	35	80	1,262.75	15.78	.089	36.08	1.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	12	570.99	47.58	.013	114.20	.63
PROSTHETICS	5	12	570.99	47.58	.013	114.20	.63
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	100.84	33.61	.003	50.42	.11
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	601	5,712.42	9.50	.667	634.71	6.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	182	26,774	19,150.59	.72	29.716	105.22	21.25
@CALIF. CHILDREN SERVICES*	24	129	\$ 21,906.39	\$ 169.82	.143	\$ 912.77	\$ 24.31
@XOVER EXCLUDING STATE HOSP**	361	12,449	\$ 76,144.38	\$ 6.12	13.817	\$ 210.93	\$ 84.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003											PAGE 7,429
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL											

2,768 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	

@TOTAL, ALL PROVIDERS	2,650	139,881	\$	1,864,404.43	\$	13.33	50.535	\$	703.55	\$	673.56
@PHYSICIANS SERVICES	748	4,266	\$	54,053.66	\$	12.67	1.541	\$	72.26	\$	19.53
OUTPATIENT VISITS	56	100		3,590.26		35.90	.036		64.11		1.30
OFFICE VISITS	45	74		2,212.61		29.90	.027		49.17		.80
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	15	18		984.32		54.68	.007		65.62		.36
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	7	8		393.33		49.17	.003		56.19		.14
INPATIENT VISITS	11	85		5,078.24		59.74	.031		461.66		1.83
HOSPITAL VISITS	11	62		2,680.44		43.23	.022		243.68		.97
CRITICAL CARE	4	23		2,397.80		104.25	.008		599.45		.87
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	5	5		222.91		44.58	.002		44.58		.08
EXAMINATIONS	5	5		222.91		44.58	.002		44.58		.08
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	5	18		1,245.10		69.17	.007		249.02		.45
PRINCIPAL SURGEON	4	5		951.11		190.22	.002		237.78		.34
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	13		293.99		22.61	.005		147.00		.11
OUTPATIENT SURGERY	10	11		779.87		70.90	.004		77.99		.28
PRINCIPAL SURGEON	10	11		779.87		70.90	.004		77.99		.28
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	10	16		74.61		4.66	.006		7.46		.03
RADIOLOGY	38	95		2,654.68		27.94	.034		69.86		.96
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	6	15		5,149.87		343.32	.005		858.31		1.86
OTHER SERVICES/ALL X-OVERS	672	3,921		35,258.12		8.99	1.417		52.47		12.74
@PHARMACY	2,222	50,056	\$	954,728.62	\$	19.07	18.084	\$	429.67	\$	344.92
PRESCRIPTION DRUGS	2,178	12,727		915,590.77		71.94	4.598		420.38		330.78
SNF/ICF	76	614		35,076.99		57.13	.222		461.54		12.67
OUTPATIENTS	2,111	12,113		880,513.78		72.69	4.376		417.11		318.10
MEDICAL SUPPLIES	383	37,329		39,137.85		1.05	13.486		102.19		14.14
@DENTIST	97	360	\$	14,243.09	\$	39.56	.130	\$	146.84	\$	5.15
VISITS - DIAGNOSTIC	62	231		2,620.00		11.34	.083		42.26		.95
ORAL SURGERY	16	27		1,189.00		44.04	.010		74.31		.43
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	9	10		1,275.00		127.50	.004		141.67		.46
ENDODONTICS	5	5		1,280.00		256.00	.002		256.00		.46
RESTORATIVE DENTISTRY	20	49		3,808.00		77.71	.018		190.40		1.38
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	20	36		3,915.00		108.75	.013		195.75		1.41
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		126.09		126.09	.000		126.09		.05
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 7,430
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL										

	2,768 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@OPTOMETRIST	51	123	\$	2,348.15	\$ 19.09	.044	\$ 46.04
DIAGNOSTIC AND ANC. PROCED	7	7		320.29	45.76	.003	45.76
EYE APPLIANCES	35	97		1,669.53	17.21	.035	47.70
OTHER OPTOMETRIC SERVICES	13	19		358.33	18.86	.007	27.56

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	84	110	\$	720.41	\$	6.55	.040	\$	8.58	\$	.26
MEDICINE/INJECTIONS	2	2		44.48		22.24	.001		22.24		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	82	108		675.93		6.26	.039		8.24		.24
@HOME HEALTH AGENCY	2	19	\$	1,465.06	\$	77.11	.007	\$	732.53	\$	.53
NURSE ANESTHESIST	2	17	\$	62.27	\$	3.66	.006	\$	31.14	\$	.02
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	2.76	\$	2.76	.000	\$	2.76	\$	.00
@TOTAL HOSPITAL	264	1,886	\$	127,393.56	\$	67.55	.681	\$	482.55	\$	46.02
HOSP INPATIENT TOTAL	61	339		104,254.73		307.54	.122		1709.09		37.66
HSC HOSPITALS	8	49		51,780.00		1056.73	.018		6472.50		18.71

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	53	290	52,474.73	180.95	.105	990.09	18.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	212	1,547	23,138.83	14.96	.559	109.15	8.36
MEDICAL	10	23	505.78	21.99	.008	50.58	.18
SURGERY	7	23	203.42	8.84	.008	29.06	.07
PATHOLOGY	21	96	1,134.88	11.82	.035	54.04	.41
RADIOLOGY	17	22	1,278.53	58.12	.008	75.21	.46
ROOM USE	22	47	1,566.56	33.33	.017	71.21	.57
CROSSOVERS/ALL OTH OUTPTNT	185	1,336	18,449.66	13.81	.483	99.73	6.67
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	2,768 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	264	1,886	\$	127,393.56	\$ 67.55	.681	\$ 482.55	\$ 46.02
COMM HOSP INPATIENT TOTAL	61	339		104,254.73	307.54	.122	1709.09	37.66
HSC HOSPITALS	8	49		51,780.00	1056.73	.018	6472.50	18.71
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	53	290		52,474.73	180.95	.105	990.09	18.96
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	212	1,547		23,138.83	14.96	.559	109.15	8.36
MEDICAL	10	23		505.78	21.99	.008	50.58	.18
SURGERY	7	23		203.42	8.84	.008	29.06	.07
PATHOLOGY	21	96		1,134.88	11.82	.035	54.04	.41
RADIOLOGY	17	22		1,278.53	58.12	.008	75.21	.46
ROOM USE	22	47		1,566.56	33.33	.017	71.21	.57
CROSSOVERS/ALL OTH OUTPTNT	185	1,336		18,449.66	13.81	.483	99.73	6.67
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00

@NURSING FACILITY	104	1,795	\$	298,124.38	\$	166.09	.648	\$	2866.58	\$	107.70
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	104	1,795		298,124.38		166.09	.648		2866.58		107.70
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	66	85	\$	35,225.82	\$	414.42	.031	\$	533.72	\$	12.73
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	66	85		35,225.82		414.42	.031		533.72		12.73
@REHABILITATION FACILITY	3	7	\$	143.50	\$	20.50	.003	\$	47.83	\$	.05
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	3	7		143.50		20.50	.003		47.83		.05
@LABORATORY FACILITY	42	114	\$	919.41	\$	8.07	.041	\$	21.89	\$	.33
PATHOLOGY	28	95		722.83		7.61	.034		25.82		.26
XO AND OTHERS	14	19		196.58		10.35	.007		14.04		.07
@ORGANIZED OUTPATIENT CLINIC	231	414	\$	24,387.80	\$	58.91	.150	\$	105.57	\$	8.81
CLINIC	4	7		201.27		28.75	.003		50.32		.07
SURGICENTER	20	33		1,508.48		45.71	.012		75.42		.54
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	210	374		22,678.05		60.64	.135		107.99		8.19
#CALIF DEPT OF HEALTH SERV											
MOP024											
MERCED COUNTY											

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	2,768 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,002	80,628	\$	350,585.94	\$ 4.35	29.129	\$ 349.89	\$ 126.66
DURABLE MED. EQUIP.	69	165		54,381.16	329.58	.060	788.13	19.65
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	29	49		15,564.09	317.63	.018	536.69	5.62
MEDICAL TRANSPORTATION	118	4,728		25,483.11	5.39	1.708	215.96	9.21
AMBULANCES/AIR TRANS	20	235		2,931.72	12.48	.085	146.59	1.06
OTHER TRANS	82	4,122		20,768.32	5.04	1.489	253.27	7.50
OTHER SERVICES	18	371		1,783.07	4.81	.134	99.06	.64
ACUPUNCTURE	11	26		432.53	16.64	.009	39.32	.16
ADULT DAY HEALTH CARE CTR	77	1,330		92,026.97	69.19	.480	1195.16	33.25
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	260	1,290		104,511.06	81.02	.466	401.97	37.76
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	79	185		2,914.04	15.75	.067	36.89	1.05
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	30		971.25	32.38	.011	74.71	.35
PROSTHETICS	13	30		971.25	32.38	.011	74.71	.35
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	18		827.40	45.97	.007	103.43	.30
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	601		5,712.42	9.50	.217	634.71	2.06
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	579	72,206		47,761.91	.66	26.086	82.49	17.26
@CALIF. CHILDREN SERVICES*	24	129	\$	21,906.39	\$ 169.82	.047	\$ 912.77	\$ 7.91

@XOVER EXCLUDING STATE HOSP** 1,220 20,602 \$ 270,498.22 \$ 13.13 7.443 \$ 221.72 \$ 97.72

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MERCED COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	31,412 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24,047	514,746	\$	11,470,298.80	\$ 22.28	16.387	\$ 477.00	\$ 365.16
@PHYSICIANS SERVICES	5,972	20,235	\$	299,411.06	\$ 14.80	.644	\$ 50.14	\$ 9.53
OUTPATIENT VISITS	143	189		6,344.53	33.57	.006	44.37	.20
OFFICE VISITS	127	171		5,486.42	32.08	.005	43.20	.17
HOME VISITS	5	5		144.20	28.84	.000	28.84	.00
EMERGENCY ROOM	13	13		713.91	54.92	.000	54.92	.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	9	41		1,764.54	43.04	.001	196.06	.06
HOSPITAL VISITS	9	41		1,764.54	43.04	.001	196.06	.06
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	77	79		3,646.63	46.16	.003	47.36	.12
EXAMINATIONS	77	79		3,646.63	46.16	.003	47.36	.12
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	14		1,008.74	72.05	.000	168.12	.03
PRINCIPAL SURGEON	3	3		625.10	208.37	.000	208.37	.02
ASSISTANT SURGEON	1	1		93.08	93.08	.000	93.08	.00
ANESTHESIOLOGIST	2	10		290.56	29.06	.000	145.28	.01
OUTPATIENT SURGERY	16	25		5,022.86	200.91	.001	313.93	.16
PRINCIPAL SURGEON	16	22		4,942.86	224.68	.001	308.93	.16
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3		80.00	26.67	.000	80.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	49	126		576.67	4.58	.004	11.77	.02
RADIOLOGY	52	93		4,200.23	45.16	.003	80.77	.13
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	17		5,231.64	307.74	.001	373.69	.17
OTHER SERVICES/ALL X-OVERS	5,767	19,651		271,615.22	13.82	.626	47.10	8.65
@PHARMACY	20,869	203,355	\$	5,953,217.95	\$ 29.28	6.474	\$ 285.27	\$ 189.52
PRESCRIPTION DRUGS	20,616	88,948		5,773,144.73	64.90	2.832	280.03	183.79
SNF/ICF	658	4,384		229,971.64	52.46	.140	349.50	7.32
OUTPATIENTS	20,000	84,564		5,543,173.09	65.55	2.692	277.16	176.47
MEDICAL SUPPLIES	2,051	114,407		180,073.22	1.57	3.642	87.80	5.73
@DENTIST	1,216	5,389	\$	247,037.89	\$ 45.84	.172	\$ 203.16	\$ 7.86
VISITS - DIAGNOSTIC	745	3,104		33,174.52	10.69	.099	44.53	1.06
ORAL SURGERY	187	482		25,254.00	52.39	.015	135.05	.80
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	4	4		400.00	100.00	.000	100.00	.01
PERIODONTICS	131	133		13,894.00	104.47	.004	106.06	.44
ENDODONTICS	65	83		17,927.00	215.99	.003	275.80	.57
RESTORATIVE DENTISTRY	332	841		75,829.75	90.17	.027	228.40	2.41
PROSTHETICS	9	12		280.00	23.33	.000	31.11	.01
DENTURES, STAYPLATES	281	722		79,953.62	110.74	.023	284.53	2.55
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		300.00	300.00	.000	300.00	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	32	7		25.00	3.57	.000	.78	.00

31,412 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	501	1,278	\$ 23,017.17	\$ 18.01	.041	\$	45.94	\$.73
DIAGNOSTIC AND ANC. PROCED	58	58	2,681.31	46.23	.002		46.23	.09
EYE APPLIANCES	365	1,010	17,187.72	17.02	.032		47.09	.55
OTHER OPTOMETRIC SERVICES	129	210	3,148.14	14.99	.007		24.40	.10
@CHIROPRACTOR	35	65	\$ 946.24	\$ 14.56	.002	\$	27.04	\$.03
VISITS	22	41	643.72	15.70	.001		29.26	.02
OTHER SERVICES	14	24	302.52	12.61	.001		21.61	.01
@PODIATRIST	588	819	\$ 5,724.40	\$ 6.99	.026	\$	9.74	\$.18
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	588	819	5,724.40	6.99	.026		9.74	.18
@HOME HEALTH AGENCY	5	20	\$ 1,383.66	\$ 69.18	.001	\$	276.73	\$.04
NURSE ANESTHESIST	13	77	\$ 491.33	\$ 6.38	.002	\$	37.79	\$.02
NURSE MIDWIFE	0	0	.00	.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	6	6	\$ 54.54	\$ 9.09	.000	\$	9.09	\$.00
@TOTAL HOSPITAL	1,880	12,059	\$ 1,378,360.53	\$ 114.30	.384	\$	733.17	\$ 43.88
HOSP INPATIENT TOTAL	406	2,471	1,211,432.57	490.26	.079		2983.82	38.57
HSC HOSPITALS	132	914	860,422.62	941.38	.029		6518.35	27.39
NON-HSC HOSPITAL TOTAL	28	154	138,876.72	901.80	.005		4959.88	4.42
ACCOMMODATIONS	27	154	51,030.70	331.37	.005		1890.03	1.62
ADMINISTRATIVE DAYS	16	101	20,047.01	198.49	.003		1252.94	.64
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	11	53	30,983.69	584.60	.002		2816.70	.99
ANCILLARIES	28	0	87,846.02	.00	.000		3137.36	2.80
INPATIENT CROSSOVERS	255	1,403	212,133.23	151.20	.045		831.90	6.75
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	1,524	9,588	166,927.96	17.41	.305		109.53	5.31
MEDICAL	12	12	554.74	46.23	.000		46.23	.02
SURGERY	9	9	1,250.70	138.97	.000		138.97	.04
PATHOLOGY	20	55	576.26	10.48	.002		28.81	.02
RADIOLOGY	17	38	3,637.42	95.72	.001		213.97	.12
ROOM USE	17	24	1,599.75	66.66	.001		94.10	.05
CROSSOVERS/ALL OTH OUTPTNT	1,490	9,450	159,309.09	16.86	.301		106.92	5.07
@COUNTY HOSPITAL TOTAL	12	51	\$ 14,312.08	\$ 280.63	.002	\$	1192.67	\$.46
CO HOSPITAL INPATIENT TOTAL	3	12	13,824.50	1152.04	.000		4608.17	.44
HSC HOSPITALS	1	12	12,825.45	1068.79	.000		12825.45	.41
NON-HSC HOSPITALS TOTAL	1	0	159.05	.00	.000		159.05	.01
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	1	0	159.05	.00	.000		159.05	.01
INPATIENT CROSSOVERS	1	0	840.00	.00	.000		840.00	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	9	39	487.58	12.50	.001		54.18	.02
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	1	2CR	11.66CR	5.83	.000		11.66CR	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	8	41	499.24	12.18	.001		62.41	.02

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FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

01/29/04

31,412 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,868	12,008	\$ 1,364,048.45	\$ 113.59	.382	\$ 730.22	\$ 43.42
COMM HOSP INPATIENT TOTAL	403	2,459	1,197,608.07	487.03	.078	2971.73	38.13
HSC HOSPITALS	131	902	847,597.17	939.69	.029	6470.21	26.98
NON-HSC HOSPITALS TOTAL	27	154	138,717.67	900.76	.005	5137.69	4.42
ACCOMMODATIONS	27	154	51,030.70	331.37	.005	1890.03	1.62
ADMINISTRATIVE DAYS	16	101	20,047.01	198.49	.003	1252.94	.64
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	53	30,983.69	584.60	.002	2816.70	.99
ANCILLARIES	27	0	87,686.97	.00	.000	3247.67	2.79
INPATIENT CROSSOVERS	254	1,403	211,293.23	150.60	.045	831.86	6.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	1,515	9,549		166,440.38		17.43	.304	109.86	5.30
MEDICAL	12	12		554.74		46.23	.000	46.23	.02
SURGERY	9	9		1,250.70		138.97	.000	138.97	.04
PATHOLOGY	19	57		587.92		10.31	.002	30.94	.02
RADIOLOGY	17	38		3,637.42		95.72	.001	213.97	.12
ROOM USE	17	24		1,599.75		66.66	.001	94.10	.05
CROSSOVERS/ALL OTH OUTPTNT	1,482	9,409		158,809.85		16.88	.300	107.16	5.06
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	706	15,448	\$	2,120,641.77	\$	137.28	.492	3003.74	67.51
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	706	15,448		2,120,641.77		137.28	.492	3003.74	67.51
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	205	244	\$	98,847.71	\$	405.11	.008	482.18	3.15
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	205	244		98,847.71		405.11	.008	482.18	3.15
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	250	768	\$	7,506.72	\$	9.77	.024	30.03	.24
PATHOLOGY	110	571		5,409.81		9.47	.018	49.18	.17
XO AND OTHERS	140	197		2,096.91		10.64	.006	14.98	.07
@ORGANIZED OUTPATIENT CLINIC	3,716	6,495	\$	225,709.64	\$	34.75	.207	60.74	7.19
CLINIC	39	113		1,933.09		17.11	.004	49.57	.06
SURGICENTER	358	451		18,868.95		41.84	.014	52.71	.60
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	3,389	5,931		204,907.60		34.55	.189	60.46	6.52
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					----- MONTHLY AVERAGE -----			
31,412 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4,735	248,488	\$ 1,107,948.19	\$ 4.46	7.911	\$ 233.99	\$ 35.27	
DURABLE MED. EQUIP.	131	270	58,698.64	217.40	.009	448.08	1.87	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	290	410	115,092.61	280.71	.013	396.87	3.66	
MEDICAL TRANSPORTATION	465	26,479	102,469.67	3.87	.843	220.36	3.26	
AMBULANCES/AIR TRANS	68	685	9,632.27	14.06	.022	141.65	.31	
OTHER TRANS	334	24,767	89,164.85	3.60	.788	266.96	2.84	
OTHER SERVICES	84	1,027	3,672.55	3.58	.033	43.72	.12	
ACUPUNCTURE	37	99	1,703.07	17.20	.003	46.03	.05	
ADULT DAY HEALTH CARE CTR	249	3,600	249,734.82	69.37	.115	1002.95	7.95	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	955	4,864	350,622.11	72.09	.155	367.14	11.16	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	834	1,928	28,983.65	15.03	.061	34.75	.92	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	6	23	19.87	.86	.001	3.31	.00	
PROSTHETIST/ORTHOTISTS	95	206	5,438.16	26.40	.007	57.24	.17	
PROSTHETICS	95	206	5,438.16	26.40	.007	57.24	.17	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	

PSYCHOLOGIST	1	1	54.99	54.99	.000	54.99	.00
SPEECH AND AUDIOLOGY	105	214	19,087.40	89.19	.007	181.78	.61
HOSPICE SERVICES	7	154	18,370.48	119.29	.005	2624.35	.58
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.57	9.57	.000	9.57	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,389	210,239	157,663.15	.75	6.693	66.00	5.02
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	9,028	58,004	\$ 1,168,236.84	\$ 20.14	1.847	\$ 129.40	\$ 37.19

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MERCED COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

2,702 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,148	199,607	\$ 1,952,947.48	\$ 9.78	73.874 \$ 909.19 \$ 722.78
@PHYSICIANS SERVICES	844	3,818	\$ 100,571.35	\$ 26.34	1.413 \$ 119.16 \$ 37.22
OUTPATIENT VISITS	321	471	18,289.05	38.83	.174 56.98 6.77
OFFICE VISITS	269	384	13,050.08	33.98	.142 48.51 4.83
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	59	74	4,764.82	64.39	.027 80.76 1.76
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000 .00 .00
OTHER OUTPATIENT	13	13	474.15	36.47	.005 36.47 .18
INPATIENT VISITS	70	397	18,861.56	47.51	.147 269.45 6.98
HOSPITAL VISITS	58	363	15,919.66	43.86	.134 274.48 5.89
CRITICAL CARE	7	23	2,671.40	116.15	.009 381.63 .99
SNF/ICF/TRANS IP CARE	11	11	270.50	24.59	.004 24.59 .10
OPHTHALMOLOGICAL SERVICES	29	37	1,490.56	40.29	.014 51.40 .55
EXAMINATIONS	29	37	1,490.56	40.29	.014 51.40 .55
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	22	54	7,709.42	142.77	.020 350.43 2.85
PRINCIPAL SURGEON	18	22	6,697.54	304.43	.008 372.09 2.48
ASSISTANT SURGEON	2	2	261.36	130.68	.001 130.68 .10
ANESTHESIOLOGIST	5	30	750.52	25.02	.011 150.10 .28
OUTPATIENT SURGERY	37	108	12,989.61	120.27	.040 351.07 4.81
PRINCIPAL SURGEON	27	40	11,034.74	275.87	.015 408.69 4.08
ASSISTANT SURGEON	1	1	118.02	118.02	.000 118.02 .04
ANESTHESIOLOGIST	13	67	1,836.85	27.42	.025 141.30 .68
DIALYSIS	38	112	12,667.28	113.10	.041 333.35 4.69
PATHOLOGY	65	136	801.03	5.89	.050 12.32 .30
RADIOLOGY	144	244	6,716.87	27.53	.090 46.64 2.49
PSYCHIATRY	0	0	.00	.00	.000 .00 .00
IMMUNIZATION AND INJECTION	24	49	2,380.28	48.58	.018 99.18 .88
OTHER SERVICES/ALL X-OVERS	466	2,210	18,665.69	8.45	.818 40.06 6.91
@PHARMACY	1,781	45,944	\$ 665,077.29	\$ 14.48	17.004 \$ 373.43 \$ 246.14
PRESCRIPTION DRUGS	1,734	7,854	612,102.18	77.94	2.907 353.00 226.54
SNF/ICF	51	234	20,950.41	89.53	.087 410.79 7.75
OUTPATIENTS	1,689	7,620	591,151.77	77.58	2.820 350.00 218.78
MEDICAL SUPPLIES	377	38,090	52,975.11	1.39	14.097 140.52 19.61
@DENTIST	150	765	\$ 31,209.40	\$ 40.80	.283 \$ 208.06 \$ 11.55
VISITS - DIAGNOSTIC	91	486	5,189.00	10.68	.180 57.02 1.92
ORAL SURGERY	28	78	3,389.00	43.45	.029 121.04 1.25
DRUGS	3	5	95.00	19.00	.002 31.67 .04
ANESTHESIA	2	2	100.00	50.00	.001 50.00 .04

PERIODONTICS	23	29	3,750.00	129.31	.011	163.04	1.39
ENDODONTICS	12	20	4,153.00	207.65	.007	346.08	1.54
RESTORATIVE DENTISTRY	37	101	7,755.00	76.78	.037	209.59	2.87
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	19	37	6,088.00	164.54	.014	320.42	2.25
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	5	6	660.40	110.07	.002	132.08	.24
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,438
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

2,702 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	31	76	\$ 1,705.28	\$ 22.44	.028	\$ 55.01	\$.63
DIAGNOSTIC AND ANC. PROCED	10	10	466.01	46.60	.004	46.60	.17
EYE APPLIANCES	20	56	1,021.68	18.24	.021	51.08	.38
OTHER OPTOMETRIC SERVICES	7	10	217.59	21.76	.004	31.08	.08
@CHIROPRACTOR	16	22	\$ 355.30	\$ 16.15	.008	\$ 22.21	\$.13
VISITS	16	22	355.30	16.15	.008	22.21	.13
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	34	51	\$ 407.16	\$ 7.98	.019	\$ 11.98	\$.15
MEDICINE/INJECTIONS	3	3	66.80	22.27	.001	22.27	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	31	48	340.36	7.09	.018	10.98	.13
@HOME HEALTH AGENCY	4	25	\$ 1,871.50	\$ 74.86	.009	\$ 467.88	\$.69
NURSE ANESTHESIST	2	48	\$ 133.39	\$ 2.78	.018	\$ 66.70	\$.05
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	319	2,173	\$ 379,491.59	\$ 174.64	.804	\$ 1189.63	\$ 140.45
HOSP INPATIENT TOTAL	65	378	343,934.93	909.88	.140	5291.31	127.29
HSC HOSPITALS	43	277	299,185.18	1080.09	.103	6957.79	110.73
NON-HSC HOSPITAL TOTAL	4	16	30,120.49	1882.53	.006	7530.12	11.15
ACCOMMODATIONS	4	16	7,976.69	498.54	.006	1994.17	2.95
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.001	462.60	.17
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	14	7,514.09	536.72	.005	2504.70	2.78
ANCILLARIES	4	0	22,143.80	.00	.000	5535.95	8.20
INPATIENT CROSSOVERS	19	85	14,629.26	172.11	.031	769.96	5.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	277	1,795	35,556.66	19.81	.664	128.36	13.16
MEDICAL	59	100	3,537.54	35.38	.037	59.96	1.31
SURGERY	18	22	1,171.83	53.27	.008	65.10	.43
PATHOLOGY	92	517	5,661.18	10.95	.191	61.53	2.10
RADIOLOGY	66	86	4,987.39	57.99	.032	75.57	1.85
ROOM USE	94	133	5,612.33	42.20	.049	59.71	2.08
CROSSOVERS/ALL OTH OUTPTNT	169	937	14,586.39	15.57	.347	86.31	5.40
@COUNTY HOSPITAL TOTAL	1	3	\$ 4,056.00	\$ 1352.00	.001	\$ 4056.00	\$ 1.50
CO HOSPITAL INPATIENT TOTAL	1	3	4,056.00	1352.00	.001	4056.00	1.50
HSC HOSPITALS	1	3	4,056.00	1352.00	.001	4056.00	1.50
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,439
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

2,702 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	318	2,170	\$ 375,435.59	\$ 173.01	.803	\$ 1180.62	\$ 138.95
COMM HOSP INPATIENT TOTAL	64	375	339,878.93	906.34	.139	5310.61	125.79
HSC HOSPITALS	42	274	295,129.18	1077.11	.101	7026.89	109.23
NON-HSC HOSPITALS TOTAL	4	16	30,120.49	1882.53	.006	7530.12	11.15
ACCOMMODATIONS	4	16	7,976.69	498.54	.006	1994.17	2.95
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.001	462.60	.17
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	14	7,514.09	536.72	.005	2504.70	2.78
ANCILLARIES	4	0	22,143.80	.00	.000	5535.95	8.20
INPATIENT CROSSOVERS	19	85	14,629.26	172.11	.031	769.96	5.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	277	1,795	35,556.66	19.81	.664	128.36	13.16
MEDICAL	59	100	3,537.54	35.38	.037	59.96	1.31
SURGERY	18	22	1,171.83	53.27	.008	65.10	.43
PATHOLOGY	92	517	5,661.18	10.95	.191	61.53	2.10
RADIOLOGY	66	86	4,987.39	57.99	.032	75.57	1.85
ROOM USE	94	133	5,612.33	42.20	.049	59.71	2.08
CROSSOVERS/ALL OTH OUTPTNT	169	937	14,586.39	15.57	.347	86.31	5.40
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	28	250	\$ 47,926.23	\$ 191.70	.093	\$ 1711.65	\$ 17.74
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	28	250	47,926.23	191.70	.093	1711.65	17.74
@INTERMEDIATE CARE FACIL.-DD	36	1,289	\$ 235,616.31	\$ 182.79	.477	\$ 6544.90	\$ 87.20
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	36	1,289	235,616.31	182.79	.477	6544.90	87.20
@HEMODIALYSIS TOTAL	173	2,982	\$ 176,518.46	\$ 59.19	1.104	\$ 1020.34	\$ 65.33
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	173	2,982	176,518.46	59.19	1.104	1020.34	65.33
@REHABILITATION FACILITY	4	21	\$ 404.32	\$ 19.25	.008	\$ 101.08	\$.15
HOSPITAL BASED	2	15	264.21	17.61	.006	132.11	.10
INDEPENDENT FACILITY	2	6	140.11	23.35	.002	70.06	.05
@LABORATORY FACILITY	206	952	\$ 9,298.88	\$ 9.77	.352	\$ 45.14	\$ 3.44
PATHOLOGY	196	937	9,226.27	9.85	.347	47.07	3.41
XO AND OTHERS	10	15	72.61	4.84	.006	7.26	.03
@ORGANIZED OUTPATIENT CLINIC	387	741	\$ 55,348.38	\$ 74.69	.274	\$ 143.02	\$ 20.48
CLINIC	15	77	2,282.48	29.64	.028	152.17	.84
SURGICENTER	39	93	4,313.85	46.39	.034	110.61	1.60
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 MERCED COUNTY

347 571 48,752.05 85.38 .211 140.50 18.04
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,440
 FEE-FOR-SERVICE/DENTAL 01/29/04
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

2,702 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	589	140,450	\$ 247,012.64	\$ 1.76	51.980	\$ 419.38	\$ 91.42
DURABLE MED. EQUIP.	23	40	10,854.41	271.36	.015	471.93	4.02
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	17	21	5,621.54	267.69	.008	330.68	2.08
MEDICAL TRANSPORTATION	225	29,548	113,281.68	3.83	10.936	503.47	41.93
AMBULANCES/AIR TRANS	59	956	11,070.76	11.58	.354	187.64	4.10
OTHER TRANS	161	28,525	101,863.66	3.57	10.557	632.69	37.70
OTHER SERVICES	11	67	347.26	5.18	.025	31.57	.13
ACUPUNCTURE	5	8	151.38	18.92	.003	30.28	.06

ADULT DAY HEALTH CARE CTR	33	508		35,153.77	69.20	.188	1065.27	13.01
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	66	495		30,871.74	62.37	.183	467.75	11.43
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	67	160		5,217.76	32.61	.059	77.88	1.93
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	45		5,623.27	124.96	.017	432.56	2.08
PROSTHETICS	13	45		5,623.27	124.96	.017	432.56	2.08
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	5		294.39	58.88	.002	294.39	.11
SPEECH AND AUDIOLOGY	9	27		2,825.47	104.65	.010	313.94	1.05
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	38	1,401		11,615.68	8.29	.519	305.68	4.30
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	242	108,192		25,501.55	.24	40.041	105.38	9.44
@CALIF. CHILDREN SERVICES*	63	1,747	\$	28,359.97	\$ 16.23	.647	\$ 450.16	\$ 10.50
@XOVER EXCLUDING STATE HOSP**	578	16,576	\$	148,046.48	\$ 8.93	6.135	\$ 256.14	\$ 54.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,441
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED	

92,932 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	73,209	2,588,996	\$ 48,125,218.72	\$ 18.59	27.859	\$ 657.37	\$ 517.85
@PHYSICIANS SERVICES	25,344	93,712	\$ 3,073,300.32	\$ 32.80	1.008	\$ 121.26	\$ 33.07
OUTPATIENT VISITS	13,503	19,440	711,950.78	36.62	.209	52.73	7.66
OFFICE VISITS	10,490	14,509	467,244.72	32.20	.156	44.54	5.03
HOME VISITS	31	51	2,038.09	39.96	.001	65.74	.02
EMERGENCY ROOM	2,825	3,429	187,452.42	54.67	.037	66.35	2.02
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	123	201	12,794.91	63.66	.002	104.02	.14
OTHER OUTPATIENT	1,040	1,249	42,376.79	33.93	.013	40.75	.46
INPATIENT VISITS	1,539	8,916	441,145.46	49.48	.096	286.64	4.75
HOSPITAL VISITS	1,253	7,806	324,080.86	41.52	.084	258.64	3.49
CRITICAL CARE	136	788	108,492.25	137.68	.008	797.74	1.17
SNF/ICF/TRANS IP CARE	262	322	8,572.35	26.62	.003	32.72	.09
OPHTHALMOLOGICAL SERVICES	513	632	26,874.22	42.52	.007	52.39	.29
EXAMINATIONS	510	629	26,817.99	42.64	.007	52.58	.29
SERVICES AND MATERIALS	3	3	56.23	18.74	.000	18.74	.00
INPATIENT HOSPITAL SURGERY	671	3,148	320,931.04	101.95	.034	478.29	3.45
PRINCIPAL SURGEON	488	840	256,250.61	305.06	.009	525.10	2.76
ASSISTANT SURGEON	63	63	11,458.19	181.88	.001	181.88	.12
ANESTHESIOLOGIST	225	2,245	53,222.24	23.71	.024	236.54	.57
OUTPATIENT SURGERY	1,524	4,014	333,635.63	83.12	.043	218.92	3.59
PRINCIPAL SURGEON	1,281	2,036	281,207.40	138.12	.022	219.52	3.03
ASSISTANT SURGEON	30	31	3,448.98	111.26	.000	114.97	.04
ANESTHESIOLOGIST	333	1,947	48,979.25	25.16	.021	147.08	.53
DIALYSIS	191	656	58,699.22	89.48	.007	307.33	.63
PATHOLOGY	2,663	5,883	39,683.08	6.75	.063	14.90	.43
RADIOLOGY	5,715	10,564	392,784.46	37.18	.114	68.73	4.23
PSYCHIATRY	1	1	64.88	64.88	.000	64.88	.00
IMMUNIZATION AND INJECTION	856	10,162	237,926.41	23.41	.109	277.95	2.56
OTHER SERVICES/ALL X-OVERS	9,956	30,296	509,605.14	16.82	.326	51.19	5.48

@PHARMACY	59,859	770,357	\$	22,882,035.47	\$	29.70	8.289	\$	382.27	\$	246.22
PRESCRIPTION DRUGS	59,060	273,365		21,482,796.34		78.59	2.942		363.75		231.17
SNF/ICF	1,182	8,713		760,390.88		87.27	.094		643.31		8.18
OUTPATIENTS	58,006	264,652		20,722,405.46		78.30	2.848		357.25		222.98
MEDICAL SUPPLIES	6,730	496,992		1,399,239.13		2.82	5.348		207.91		15.06
@DENTIST	5,395	27,356	\$	1,082,042.66	\$	39.55	.294	\$	200.56	\$	11.64
VISITS - DIAGNOSTIC	3,667	17,204		198,703.98		11.55	.185		54.19		2.14
ORAL SURGERY	832	2,078		115,088.25		55.38	.022		138.33		1.24
DRUGS	41	127		1,720.00		13.54	.001		41.95		.02
ANESTHESIA	69	74		7,300.00		98.65	.001		105.80		.08
PERIODONTICS	553	615		72,486.00		117.86	.007		131.08		.78
ENDODONTICS	400	628		126,591.50		201.58	.007		316.48		1.36
RESTORATIVE DENTISTRY	1,735	4,751		369,970.40		77.87	.051		213.24		3.98
PROSTHETICS	40	44		1,080.00		24.55	.000		27.00		.01
DENTURES, STAYPLATES	519	1,503		168,737.71		112.27	.016		325.12		1.82
SPACE MAINTAINERS	9	11		1,035.00		94.09	.000		115.00		.01
MAXILLOFACIAL SERVICES	71	74		8,622.32		116.52	.001		121.44		.09
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000		800.00		.01
ORTHODONTIC SERVICES	102	151		9,627.50		63.76	.002		94.39		.10
ALL OTHER SERVICES	126	95		280.00		2.95	.001		2.22		.00

#CALIF DEPT OF HEALTH SERV MOP024
MERCED COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

PAGE 7,442
01/29/04

92,932 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE			
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1,676	4,957	\$	107,310.50	\$	21.65	.053	\$ 64.03	\$ 1.15
DIAGNOSTIC AND ANC. PROCED	671	675		30,533.85		45.24	.007	45.50	.33
EYE APPLIANCES	1,330	3,780		62,273.00		16.47	.041	46.82	.67
OTHER OPTOMETRIC SERVICES	363	502		14,503.65		28.89	.005	39.95	.16
@CHIROPRACTOR	382	613	\$	9,985.74	\$	16.29	.007	\$ 26.14	\$.11
VISITS	368	586		9,689.24		16.53	.006	26.33	.10
OTHER SERVICES	14	27		296.50		10.98	.000	21.18	.00
@PODIATRIST	653	953	\$	10,969.97	\$	11.51	.010	\$ 16.80	\$.12
MEDICINE/INJECTIONS	111	121		2,917.34		24.11	.001	26.28	.03
SURGERY/ANES.	5	7		104.02		14.86	.000	20.80	.00
RADIO./PATHOLOGY	2	4		69.20		17.30	.000	34.60	.00
OTHER	541	821		7,879.41		9.60	.009	14.56	.08
@HOME HEALTH AGENCY	401	12,530	\$	463,500.00	\$	36.99	.135	\$ 1155.86	\$ 4.99
NURSE ANESTHESIST	22	173	\$	1,534.32	\$	8.87	.002	\$ 69.74	\$.02
NURSE MIDWIFE	2	4	\$	124.26	\$	31.07	.000	\$ 62.13	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	54	102	\$	2,452.81	\$	24.05	.001	\$ 45.42	\$.03
@TOTAL HOSPITAL	11,214	71,157	\$	9,743,537.47	\$	136.93	.766	\$ 868.87	\$ 104.85
HOSP INPATIENT TOTAL	1,292	8,403		8,096,376.44		963.51	.090	6266.55	87.12
HSC HOSPITALS	921	6,238		7,403,906.39		1186.90	.067	8038.99	79.67
NON-HSC HOSPITAL TOTAL	102	404		454,658.37		1125.39	.004	4457.44	4.89
ACCOMMODATIONS	102	404		145,960.16		361.29	.004	1430.98	1.57
ADMINISTRATIVE DAYS	45	231		53,823.34		233.00	.002	1196.07	.58
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	60	173		92,136.82		532.58	.002	1535.61	.99
ANCILLARIES	102	0		308,698.21		.00	.000	3026.45	3.32
INPATIENT CROSSOVERS	294	1,761		237,811.68		135.04	.019	808.88	2.56
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,366	62,754		1,647,161.03		26.25	.675	158.90	17.72
MEDICAL	2,985	5,055		193,097.50		38.20	.054	64.69	2.08
SURGERY	898	1,126		46,370.51		41.18	.012	51.64	.50
PATHOLOGY	3,731	19,001		209,529.58		11.03	.204	56.16	2.25
RADIOLOGY	2,697	4,298		333,817.28		77.67	.046	123.77	3.59
ROOM USE	4,411	6,648		275,345.72		41.42	.072	62.42	2.96

CROSSEOVERS/ALL OTH OUTPTNT	5,267	26,626		589,000.44		22.12	.287	111.83		6.34
@COUNTY HOSPITAL TOTAL	173	1,151	\$	83,945.74	\$	72.93	.012	\$ 485.24	\$.90
CO HOSPITAL INPATIENT TOTAL	16	44		50,732.00		1153.00	.000	3170.75		.55
HSC HOSPITALS	16	44		50,732.00		1153.00	.000	3170.75		.55
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSEOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	163	1,107		33,213.74		30.00	.012	203.77		.36
MEDICAL	62	139		4,828.62		34.74	.001	77.88		.05
SURGERY	8	13		1,354.41		104.19	.000	169.30		.01
PATHOLOGY	66	382		4,360.59		11.42	.004	66.07		.05
RADIOLOGY	41	87		8,624.14		99.13	.001	210.34		.09
ROOM USE	97	158		5,798.92		36.70	.002	59.78		.06
CROSSEOVERS/ALL OTH OUTPTNT	73	328		8,247.06		25.14	.004	112.97		.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
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92,932 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	11,087	70,006	\$ 9,659,591.73	\$ 137.98	.753	\$ 871.25	\$ 103.94	
COMM HOSP INPATIENT TOTAL	1,278	8,359	8,045,644.44	962.51	.090	6295.50	86.58	
HSC HOSPITALS	907	6,194	7,353,174.39	1187.14	.067	8107.14	79.12	
NON-HSC HOSPITALS TOTAL	102	404	454,658.37	1125.39	.004	4457.44	4.89	
ACCOMMODATIONS	102	404	145,960.16	361.29	.004	1430.98	1.57	
ADMINISTRATIVE DAYS	45	231	53,823.34	233.00	.002	1196.07	.58	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	60	173	92,136.82	532.58	.002	1535.61	.99	
ANCILLARIES	102	0	308,698.21	.00	.000	3026.45	3.32	
INPATIENT CROSSEOVERS	294	1,761	237,811.68	135.04	.019	808.88	2.56	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	10,246	61,647	1,613,947.29	26.18	.663	157.52	17.37	
MEDICAL	2,929	4,916	188,268.88	38.30	.053	64.28	2.03	
SURGERY	890	1,113	45,016.10	40.45	.012	50.58	.48	
PATHOLOGY	3,674	18,619	205,168.99	11.02	.200	55.84	2.21	
RADIOLOGY	2,659	4,211	325,193.14	77.22	.045	122.30	3.50	
ROOM USE	4,337	6,490	269,546.80	41.53	.070	62.15	2.90	
CROSSEOVERS/ALL OTH OUTPTNT	5,207	26,298	580,753.38	22.08	.283	111.53	6.25	
@STATE HOSPITAL	9	275	\$ 149,557.60	\$ 543.85	.003	\$ 16617.51	\$ 1.61	
MENTALLY ILL	2	90	38,995.62	433.28	.001	19497.81	.42	
DEVELOP. DISABLED	7	185	110,561.98	597.63	.002	15794.57	1.19	
@NURSING FACILITY	630	14,268	\$ 1,933,644.19	\$ 135.52	.154	\$ 3069.28	\$ 20.81	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	25	836	101,959.42	121.96	.009	4078.38	1.10	
LEV B-SUBACUTE FREESTANDING	1	2	606.80	303.40	.000	606.80	.01	
LEV B-SUBACUTE HSPTL BASED	4	108	53,691.35	497.14	.001	13422.84	.58	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	603	13,322	1,777,386.62	133.42	.143	2947.57	19.13	
@INTERMEDIATE CARE FACIL.-DD	288	9,306	\$ 1,653,425.23	\$ 177.67	.100	\$ 5741.06	\$ 17.79	
ICF DDH	99	3,165	472,597.85	149.32	.034	4773.72	5.09	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	189	6,141	1,180,827.38	192.29	.066	6247.76	12.71	
@HEMODIALYSIS TOTAL	846	11,310	\$ 778,816.50	\$ 68.86	.122	\$ 920.59	\$ 8.38	
HOSPITAL BASED	10	13	33,149.19	2549.94	.000	3314.92	.36	
HEMODIALYSIS CENTER	836	11,297	745,667.31	66.01	.122	891.95	8.02	

@REHABILITATION FACILITY	288	1,775	\$	44,679.22	\$	25.17	.019	\$	155.14	\$.48
HOSPITAL BASED	128	445		16,893.40		37.96	.005		131.98		.18
INDEPENDENT FACILITY	163	1,330		27,785.82		20.89	.014		170.47		.30
@LABORATORY FACILITY	7,493	32,283	\$	349,768.85	\$	10.83	.347	\$	46.68	\$	3.76
PATHOLOGY	7,284	31,648		340,990.48		10.77	.341		46.81		3.67
XO AND OTHERS	210	635		8,778.37		13.82	.007		41.80		.09
@ORGANIZED OUTPATIENT CLINIC	17,723	30,963	\$	2,879,336.45	\$	92.99	.333	\$	162.46	\$	30.98
CLINIC	668	2,393		52,191.06		21.81	.026		78.13		.56
SURGICENTER	984	2,053		76,779.63		37.40	.022		78.03		.83
HEROIN DETOX CLINIC	16	190		2,152.19		11.33	.002		134.51		.02
RURAL HEALTH CLINIC	16,549	26,327		2,748,213.57		104.39	.283		166.07		29.57
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92,932 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	12,820	1,506,902	\$	2,959,197.16	\$	1.96	16.215	\$	31.84
DURABLE MED. EQUIP.	1,141	3,476		757,605.17		217.95	.037		8.15
BLOOD BANK	0	0		.00		.000	.00		.00
HEARING AID DISPENSERS	327	630		100,127.37		158.93	.007		1.08
MEDICAL TRANSPORTATION	2,201	69,097		494,050.69		7.15	.744		5.32
AMBULANCES/AIR TRANS	1,537	19,212		266,541.43		13.87	.207		2.87
OTHER TRANS	591	47,975		188,143.68		3.92	.516		2.02
OTHER SERVICES	174	1,910		39,365.58		20.61	.021		.42
ACUPUNCTURE	94	211		3,898.06		18.47	.002		.04
ADULT DAY HEALTH CARE CTR	268	4,252		293,962.17		69.14	.046		3.16
GENETIC DISEASE TESTING	16	16		1,680.00		105.00	.000		.02
IHMC,MODEL-NF,NF,AIDS,MSSP	539	2,713		204,306.96		75.31	.029		2.20
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00
OPTICIAN	2,553	6,040		82,786.99		13.71	.065		.89
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00
PORTABLE X-RAY	31	68		1,594.11		23.44	.001		.02
PROSTHETIST/ORTHOTISTS	479	1,254		135,319.02		107.91	.013		1.46
PROSTHETICS	414	1,177		132,601.35		112.66	.013		1.43
ORTHOTICS	65	77		2,717.67		35.29	.001		.03
PSYCHOLOGIST	2	3		227.97		75.99	.000		.00
SPEECH AND AUDIOLOGY	298	723		44,777.64		61.93	.008		.48
HOSPICE SERVICES	45	1,049		124,586.22		118.77	.011		1.34
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00
LOCAL EDUCATION AGENCIES	1,944	21,795		175,900.46		8.07	.235		1.89
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00
ALL OTHER PROVIDERS	4,336	1,395,575		538,374.33		.39	15.017		5.79
@CALIF. CHILDREN SERVICES*	2,420	137,023	\$	3,508,395.64	\$	25.60	1.474	\$	37.75
@XOVER EXCLUDING STATE HOSP**	10,546	119,478	\$	1,512,718.89	\$	12.66	1.286	\$	16.28

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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244,196 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	108,870	560,143	\$	23,500,658.78	\$	41.95	2.294	\$	96.24
@PHYSICIANS SERVICES	37,909	82,999	\$	3,299,274.01	\$	39.75	.340	\$	13.51
OUTPATIENT VISITS	29,310	37,867		1,439,999.25		38.03	.155		5.90
OFFICE VISITS	21,185	25,744		876,242.88		34.04	.105		3.59

HOME VISITS	12	16	616.16	38.51	.000	51.35	.00
EMERGENCY ROOM	6,705	7,324	354,398.34	48.39	.030	52.86	1.45
PREVENTIVE CARE	22	22	915.06	41.59	.000	41.59	.00
OB VISITS/COMPRE PERI	1,371	3,170	157,427.33	49.66	.013	114.83	.64
OTHER OUTPATIENT	1,478	1,591	50,399.48	31.68	.007	34.10	.21
INPATIENT VISITS	1,319	4,020	254,031.72	63.19	.016	192.59	1.04
HOSPITAL VISITS	1,262	3,268	148,311.46	45.38	.013	117.52	.61
CRITICAL CARE	108	747	105,516.66	141.25	.003	977.01	.43
SNF/ICF/TRANS IP CARE	4	5	203.60	40.72	.000	50.90	.00
OPHTHALMOLOGICAL SERVICES	330	365	16,064.75	44.01	.001	48.68	.07
EXAMINATIONS	326	361	15,948.88	44.18	.001	48.92	.07
SERVICES AND MATERIALS	4	4	115.87	28.97	.000	28.97	.00
INPATIENT HOSPITAL SURGERY	1,144	4,076	560,924.29	137.62	.017	490.32	2.30
PRINCIPAL SURGEON	841	974	462,307.15	474.65	.004	549.71	1.89
ASSISTANT SURGEON	152	152	25,748.09	169.40	.001	169.40	.11
ANESTHESIOLOGIST	356	2,950	72,869.05	24.70	.012	204.69	.30

OUTPATIENT SURGERY	2,228	5,968		361,632.92		60.60	.024	162.31	1.48
PRINCIPAL SURGEON	1,714	2,134		268,312.54		125.73	.009	156.54	1.10
ASSISTANT SURGEON	13	13		1,336.99		102.85	.000	102.85	.01
ANESTHESIOLOGIST	772	3,821		91,983.39		24.07	.016	119.15	.38
DIALYSIS	14	43		3,565.84		82.93	.000	254.70	.01
PATHOLOGY	4,301	7,395		46,596.96		6.30	.030	10.83	.19
RADIOLOGY	7,188	10,338		294,222.17		28.46	.042	40.93	1.20
PSYCHIATRY	5	5		188.05		37.61	.000	37.61	.00
IMMUNIZATION AND INJECTION	888	3,396		98,285.88		28.94	.014	110.68	.40
OTHER SERVICES/ALL X-OVERS	4,631	9,526		223,762.18		23.49	.039	48.32	.92
@PHARMACY	52,818	148,368	\$	5,126,335.95	\$	34.55	.608	\$ 97.06	\$ 20.99
PRESCRIPTION DRUGS	52,348	130,447		5,025,968.00		38.53	.534	96.01	20.58
SNF/ICF	8	38		3,622.68		95.33	.000	452.84	.01
OUTPATIENTS	52,342	130,409		5,022,345.32		38.51	.534	95.95	20.57
MEDICAL SUPPLIES	1,681	17,921		100,367.95		5.60	.073	59.71	.41
@DENTIST	12,979	77,443	\$	2,390,877.33	\$	30.87	.317	\$ 184.21	\$ 9.79
VISITS - DIAGNOSTIC	9,618	51,991		687,609.54		13.23	.213	71.49	2.82
ORAL SURGERY	1,917	3,737		216,307.81		57.88	.015	112.84	.89
DRUGS	191	388		6,446.25		16.61	.002	33.75	.03
ANESTHESIA	154	164		15,616.00		95.22	.001	101.40	.06
PERIODONTICS	396	405		42,337.00		104.54	.002	106.91	.17
ENDODONTICS	1,279	2,711		314,308.42		115.94	.011	245.75	1.29
RESTORATIVE DENTISTRY	4,733	15,531		893,547.00		57.53	.064	188.79	3.66
PROSTHETICS	28	28		570.00		20.36	.000	20.36	.00
DENTURES, STAYPLATES	76	295		26,293.00		89.13	.001	345.96	.11
SPACE MAINTAINERS	176	206		22,973.00		111.52	.001	130.53	.09
MAXILLOFACIAL SERVICES	377	379		42,770.56		112.85	.002	113.45	.18
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000	800.00	.00
ORTHODONTIC SERVICES	1,063	1,327		116,473.75		87.77	.005	109.57	.48
ALL OTHER SERVICES	356	280		4,825.00		17.23	.001	13.55	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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244,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,324	6,789	\$ 164,895.88	\$ 24.29	.028	\$ 70.95	\$.68
DIAGNOSTIC AND ANC. PROCED	1,438	1,453	65,845.77	45.32	.006	45.79	.27
EYE APPLIANCES	1,752	4,883	72,185.91	14.78	.020	41.20	.30
OTHER OPTOMETRIC SERVICES	441	453	26,864.20	59.30	.002	60.92	.11
@CHIROPRACTOR	403	641	\$ 10,579.58	\$ 16.50	.003	\$ 26.25	\$.04
VISITS	403	641	10,579.58	16.50	.003	26.25	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	36	95	\$ 3,453.68	\$ 36.35	.000	\$ 95.94	\$.01
MEDICINE/INJECTIONS	33	43	1,529.86	35.58	.000	46.36	.01
SURGERY/ANES.	6	7	163.14	23.31	.000	27.19	.00
RADIO./PATHOLOGY	10	18	311.40	17.30	.000	31.14	.00
OTHER	12	27	1,449.28	53.68	.000	120.77	.01
@HOME HEALTH AGENCY	114	494	\$ 29,011.83	\$ 58.73	.002	\$ 254.49	\$.12
NURSE ANESTHESIST	2	19	218.64	11.51	.000	109.32	.00
NURSE MIDWIFE	5	25	750.09	30.00	.000	150.02	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	44	66	\$ 2,188.87	\$ 33.16	.000	\$ 49.75	\$.01
@TOTAL HOSPITAL	14,792	52,579	\$ 6,495,633.81	\$ 123.54	.215	\$ 439.13	\$ 26.60
HOSP INPATIENT TOTAL	1,146	3,960	5,202,229.39	1313.69	.016	4539.47	21.30
HSC HOSPITALS	1,010	3,471	4,407,063.44	1269.68	.014	4363.43	18.05
NON-HSC HOSPITAL TOTAL	141	474	794,325.95	1675.79	.002	5633.52	3.25
ACCOMMODATIONS	141	474	213,007.82	449.38	.002	1510.69	.87
ADMINISTRATIVE DAYS	6	18	4,163.40	231.30	.000	693.90	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	135	456	208,844.42	457.99	.002	1547.00	.86
ANCILLARIES	141	0	581,318.13	.00	.000	4122.82	2.38
INPATIENT CROSSOVERS	1	15	840.00	56.00	.000	840.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13,975	48,619	1,293,404.42	26.60	.199	92.55	5.30
MEDICAL	4,723	6,277	215,509.56	34.33	.026	45.63	.88
SURGERY	1,125	1,236	41,868.26	33.87	.005	37.22	.17
PATHOLOGY	4,394	15,427	171,242.84	11.10	.063	38.97	.70
RADIOLOGY	3,460	4,591	261,996.22	57.07	.019	75.72	1.07
ROOM USE	9,228	11,249	432,792.18	38.47	.046	46.90	1.77
CROSSOVERS/ALL OTH OUTPTNT	5,138	9,839	169,995.36	17.28	.040	33.09	.70
@COUNTY HOSPITAL TOTAL	106	372	\$ 47,472.95	\$ 127.62	.002	\$ 447.86	\$.19
CO HOSPITAL INPATIENT TOTAL	9	27	34,716.16	1285.78	.000	3857.35	.14
HSC HOSPITALS	9	27	34,716.16	1285.78	.000	3857.35	.14
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	97	345	12,756.79	36.98	.001	131.51	.05
MEDICAL	39	61	2,742.96	44.97	.000	70.33	.01
SURGERY	6	10	469.53	46.95	.000	78.26	.00
PATHOLOGY	22	77	1,121.05	14.56	.000	50.96	.00
RADIOLOGY	24	47	2,875.44	61.18	.000	119.81	.01
ROOM USE	68	98	3,937.06	40.17	.000	57.90	.02
CROSSOVERS/ALL OTH OUTPTNT	34	52	1,610.75	30.98	.000	47.38	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,447
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

	244,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14,706	52,207	\$	6,448,160.86	\$ 123.51	.214	\$ 438.47	\$ 26.41
COMM HOSP INPATIENT TOTAL	1,137	3,933		5,167,513.23	1313.89	.016	4544.87	21.16
HSC HOSPITALS	1,001	3,444		4,372,347.28	1269.55	.014	4367.98	17.91
NON-HSC HOSPITALS TOTAL	141	474		794,325.95	1675.79	.002	5633.52	3.25
ACCOMMODATIONS	141	474		213,007.82	449.38	.002	1510.69	.87
ADMINISTRATIVE DAYS	6	18		4,163.40	231.30	.000	693.90	.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	135	456		208,844.42	457.99	.002	1547.00	.86
ANCILLARIES	141	0		581,318.13	.00	.000	4122.82	2.38
INPATIENT CROSSOVERS	1	15		840.00	56.00	.000	840.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13,898	48,274		1,280,647.63	26.53	.198	92.15	5.24
MEDICAL	4,687	6,216		212,766.60	34.23	.025	45.40	.87
SURGERY	1,119	1,226		41,398.73	33.77	.005	37.00	.17
PATHOLOGY	4,377	15,350		170,121.79	11.08	.063	38.87	.70
RADIOLOGY	3,437	4,544		259,120.78	57.02	.019	75.39	1.06
ROOM USE	9,165	11,151		428,855.12	38.46	.046	46.79	1.76
CROSSOVERS/ALL OTH OUTPTNT	5,106	9,787		168,384.61	17.20	.040	32.98	.69
@STATE HOSPITAL	3	88	\$	42,387.73	\$ 481.68	.000	\$ 14129.24	\$.17
MENTALLY ILL	3	88		42,387.73	481.68	.000	14129.24	.17
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	1	6	\$	1,081.89	\$ 180.32	.000	\$ 1081.89	\$.00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	1	6		1,081.89	180.32	.000	1081.89	.00	
@HEMODIALYSIS TOTAL	11	199	\$	9,825.99	\$ 49.38	.001	\$ 893.27	\$.04	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	11	199		9,825.99	49.38	.001	893.27	.04	
@REHABILITATION FACILITY	106	323	\$	12,623.78	\$ 39.08	.001	\$ 119.09	\$.05	
HOSPITAL BASED	101	312		12,377.04	39.67	.001	122.54	.05	
INDEPENDENT FACILITY	5	11		246.74	22.43	.000	49.35	.00	
@LABORATORY FACILITY	7,648	23,857	\$	317,490.91	\$ 13.31	.098	\$ 41.51	\$ 1.30	
PATHOLOGY	7,643	23,851		317,133.91	13.30	.098	41.49	1.30	
XO AND OTHERS	7	6		357.00	59.50	.000	51.00	.00	
@ORGANIZED OUTPATIENT CLINIC	30,048	49,573	\$	4,753,331.62	\$ 95.89	.203	\$ 158.19	\$ 19.47	
CLINIC	3,362	9,844		212,305.91	21.57	.040	63.15	.87	
SURGICENTER	922	3,944		155,298.63	39.38	.016	168.44	.64	
HEROIN DETOX CLINIC	1	8		106.18	13.27	.000	106.18	.00	
RURAL HEALTH CLINIC	26,365	35,777		4,385,620.90	122.58	.147	166.34	17.96	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 7,448
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES								

	244,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	16,840	116,574	\$	840,614.84	\$ 7.21	.477	\$ 49.92	\$ 3.44
DURABLE MED. EQUIP.	248	610		25,329.96	41.52	.002	102.14	.10
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	22	77		7,779.04	101.03	.000	353.59	.03
MEDICAL TRANSPORTATION	1,318	16,665		260,830.16	15.65	.068	197.90	1.07
AMBULANCES/AIR TRANS	1,318	16,629		198,338.76	11.93	.068	150.48	.81
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	34	36		62,491.40	1735.87	.000	1837.98	.26
ACUPUNCTURE	64	117		2,236.66	19.12	.000	34.95	.01
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	209	211		21,836.00	103.49	.001	104.48	.09
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2,744	6,222		62,534.99	10.05	.025	22.79	.26
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	256	464		33,435.29	72.06	.002	130.61	.14
PROSTHETICS	157	332		26,597.90	80.11	.001	169.41	.11
ORTHOTICS	106	132		6,837.39	51.80	.001	64.50	.03
PSYCHOLOGIST	17	105		5,536.66	52.73	.000	325.69	.02
SPEECH AND AUDIOLOGY	153	374		21,136.09	56.51	.002	138.14	.09
HOSPICE SERVICES	1	8		953.60	119.20	.000	953.60	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11,965	39,235		382,039.50	9.74	.161	31.93	1.56
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	5		82.35	16.47	.000	82.35	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	134	52,486		16,966.89	.32	.215	126.62	.07
@CALIF. CHILDREN SERVICES*	943	5,418	\$	1,446,089.18	\$ 266.90	.022	\$ 1533.50	\$ 5.92
@XOVER EXCLUDING STATE HOSP**	44	135	\$	7,334.77	\$ 54.33	.001	\$ 166.70	\$.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	371,242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
						UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	208,274	3,863,492	\$	85,049,123.78	\$ 22.01	10.407	\$	408.35	\$ 229.09
@PHYSICIANS SERVICES	70,069	200,764	\$	6,772,556.74	\$ 33.73	.541	\$	96.66	\$ 18.24
OUTPATIENT VISITS	43,277	57,967		2,176,583.61	37.55	.156		50.29	5.86
OFFICE VISITS	32,071	40,808		1,362,024.10	33.38	.110		42.47	3.67
HOME VISITS	48	72		2,798.45	38.87	.000		58.30	.01
EMERGENCY ROOM	9,602	10,840		547,329.49	50.49	.029		57.00	1.47
PREVENTIVE CARE	23	23		958.91	41.69	.000		41.69	.00
OB VISITS/COMPRE PERI	1,494	3,371		170,222.24	50.50	.009		113.94	.46
OTHER OUTPATIENT	2,531	2,853		93,250.42	32.69	.008		36.84	.25
INPATIENT VISITS	2,937	13,374		715,803.28	53.52	.036		243.72	1.93
HOSPITAL VISITS	2,582	11,478		490,076.52	42.70	.031		189.81	1.32
CRITICAL CARE	251	1,558		216,680.31	139.08	.004		863.27	.58
SNF/ICF/TRANS IP CARE	277	338		9,046.45	26.76	.001		32.66	.02
OPHTHALMOLOGICAL SERVICES	949	1,113		48,076.16	43.20	.003		50.66	.13
EXAMINATIONS	942	1,106		47,904.06	43.31	.003		50.85	.13
SERVICES AND MATERIALS	7	7		172.10	24.59	.000		24.59	.00
INPATIENT HOSPITAL SURGERY	1,843	7,292		890,573.49	122.13	.020		483.22	2.40
PRINCIPAL SURGEON	1,350	1,839		725,880.40	394.71	.005		537.69	1.96
ASSISTANT SURGEON	218	218		37,560.72	172.30	.001		172.30	.10
ANESTHESIOLOGIST	588	5,235		127,132.37	24.29	.014		216.21	.34
OUTPATIENT SURGERY	3,805	10,115		713,281.02	70.52	.027		187.46	1.92
PRINCIPAL SURGEON	3,038	4,232		565,497.54	133.62	.011		186.14	1.52
ASSISTANT SURGEON	44	45		4,903.99	108.98	.000		111.45	.01
ANESTHESIOLOGIST	1,119	5,838		142,879.49	24.47	.016		127.68	.38
DIALYSIS	243	811		74,932.34	92.39	.002		308.36	.20
PATHOLOGY	7,078	13,540		87,657.74	6.47	.036		12.38	.24
RADIOLOGY	13,099	21,239		697,923.73	32.86	.057		53.28	1.88
PSYCHIATRY	6	6		252.93	42.16	.000		42.16	.00
IMMUNIZATION AND INJECTION	1,782	13,624		343,824.21	25.24	.037		192.94	.93
OTHER SERVICES/ALL X-OVERS	20,820	61,683		1,023,648.23	16.60	.166		49.17	2.76
@PHARMACY	135,327	1,168,024	\$	34,626,666.66	\$ 29.65	3.146	\$	255.87	\$ 93.27
PRESCRIPTION DRUGS	133,758	500,614		32,894,011.25	65.71	1.348		245.92	88.61
SNF/ICF	1,899	13,369		1,014,935.61	75.92	.036		534.46	2.73
OUTPATIENTS	132,037	487,245		31,879,075.64	65.43	1.312		241.44	85.87
MEDICAL SUPPLIES	10,839	667,410		1,732,655.41	2.60	1.798		159.85	4.67
@DENTIST	19,740	110,953	\$	3,751,167.28	\$ 33.81	.299	\$	190.03	\$ 10.10
VISITS - DIAGNOSTIC	14,121	72,785		924,677.04	12.70	.196		65.48	2.49
ORAL SURGERY	2,964	6,375		360,039.06	56.48	.017		121.47	.97
DRUGS	235	520		8,261.25	15.89	.001		35.15	.02
ANESTHESIA	229	244		23,416.00	95.97	.001		102.25	.06
PERIODONTICS	1,103	1,182		132,467.00	112.07	.003		120.10	.36
ENDODONTICS	1,756	3,442		462,979.92	134.51	.009		263.66	1.25
RESTORATIVE DENTISTRY	6,837	21,224		1,347,102.15	63.47	.057		197.03	3.63
PROSTHETICS	78	85		1,960.00	23.06	.000		25.13	.01
DENTURES, STAYPLATES	895	2,557		281,072.33	109.92	.007		314.05	.76
SPACE MAINTAINERS	185	217		24,008.00	110.64	.001		129.77	.06
MAXILLOFACIAL SERVICES	454	460		52,353.28	113.81	.001		115.32	.14
FRACTURES, DISLOCATIONS	2	2		1,600.00	800.00	.000		800.00	.00
ORTHODONTIC SERVICES	1,165	1,478		126,101.25	85.32	.004		108.24	.34
ALL OTHER SERVICES	515	382		5,130.00	13.43	.001		9.96	.01

371,242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4,532	13,100	\$	296,928.83	\$ 22.67	.035	\$ 65.52	\$.80
DIAGNOSTIC AND ANC. PROCED	2,177	2,196		99,526.94	45.32	.006	45.72	.27
EYE APPLIANCES	3,467	9,729		152,668.31	15.69	.026	44.03	.41
OTHER OPTOMETRIC SERVICES	940	1,175		44,733.58	38.07	.003	47.59	.12
@CHIROPRACTOR	836	1,341	\$	21,866.86	\$ 16.31	.004	\$ 26.16	\$.06
VISITS	809	1,290		21,267.84	16.49	.003	26.29	.06
OTHER SERVICES	28	51		599.02	11.75	.000	21.39	.00
@PODIATRIST	1,311	1,918	\$	20,555.21	\$ 10.72	.005	\$ 15.68	\$.06
MEDICINE/INJECTIONS	147	167		4,514.00	27.03	.000	30.71	.01
SURGERY/ANES.	11	14		267.16	19.08	.000	24.29	.00
RADIO./PATHOLOGY	12	22		380.60	17.30	.000	31.72	.00
OTHER	1,172	1,715		15,393.45	8.98	.005	13.13	.04
@HOME HEALTH AGENCY	524	13,069	\$	495,766.99	\$ 37.93	.035	\$ 946.12	\$ 1.34
NURSE ANESTHESIST	39	317	\$	2,377.68	\$ 7.50	.001	\$ 60.97	\$.01

NURSE MIDWIFE	7	29	\$	874.35	\$	30.15	.000	\$	124.91	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	104	174	\$	4,696.22	\$	26.99	.000	\$	45.16	\$	.01
@TOTAL HOSPITAL	28,205	137,968	\$	17,997,023.40	\$	130.44	.372	\$	638.08	\$	48.48	
HOSP INPATIENT TOTAL	2,909	15,212		14,853,973.33		976.46	.041		5106.21		40.01	
HSC HOSPITALS	2,106	10,900		12,970,577.63		1189.96	.029		6158.87		34.94	
NON-HSC HOSPITAL TOTAL	275	1,048		1,417,981.53		1353.04	.003		5156.30		3.82	
ACCOMMODATIONS	274	1,048		417,975.37		398.83	.003		1525.46		1.13	
ADMINISTRATIVE DAYS	68	352		78,496.35		223.00	.001		1154.36		.21	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	209	696		339,479.02		487.76	.002		1624.30		.91	
ANCILLARIES	275	0		1,000,006.16		.00	.000		3636.39		2.69	
INPATIENT CROSSOVERS	569	3,264		465,414.17		142.59	.009		817.95		1.25	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
HOSP OUTPATIENT TOTAL	26,142	122,756		3,143,050.07		25.60	.331		120.23		8.47	
MEDICAL	7,779	11,444		412,699.34		36.06	.031		53.05		1.11	
SURGERY	2,050	2,393		90,661.30		37.89	.006		44.23		.24	
PATHOLOGY	8,237	35,000		387,009.86		11.06	.094		46.98		1.04	
RADIOLOGY	6,240	9,013		604,438.31		67.06	.024		96.87		1.63	
ROOM USE	13,750	18,054		715,349.98		39.62	.049		52.03		1.93	
CROSSOVERS/ALL OTH OUTPTNT	12,064	46,852		932,891.28		19.91	.126		77.33		2.51	
@COUNTY HOSPITAL TOTAL	292	1,577	\$	149,786.77	\$	94.98	.004	\$	512.97	\$	.40
CO HOSPITAL INPATIENT TOTAL	29	86		103,328.66		1201.50	.000		3563.06		.28	
HSC HOSPITALS	27	86		102,329.61		1189.88	.000		3789.99		.28	
NON-HSC HOSPITALS TOTAL	1	0		159.05		.00	.000		159.05		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	1	0		159.05		.00	.000		159.05		.00	
INPATIENT CROSSOVERS	1	0		840.00		.00	.000		840.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	269	1,491		46,458.11		31.16	.004		172.71		.13	
MEDICAL	101	200		7,571.58		37.86	.001		74.97		.02	
SURGERY	14	23		1,823.94		79.30	.000		130.28		.00	
PATHOLOGY	89	457		5,469.98		11.97	.001		61.46		.01	
RADIOLOGY	65	134		11,499.58		85.82	.000		176.92		.03	
ROOM USE	165	256		9,735.98		38.03	.001		59.01		.03	
CROSSOVERS/ALL OTH OUTPTNT	115	421		10,357.05		24.60	.001		90.06		.03	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE	7,451
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL											

						----- MONTHLY AVERAGE -----		
	371,242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27,979		136,391	\$ 17,847,236.63	\$ 130.85	.367	\$ 637.88	\$ 48.07
COMM HOSP INPATIENT TOTAL	2,882		15,126	14,750,644.67	975.18	.041	5118.20	39.73
HSC HOSPITALS	2,081		10,814	12,868,248.02	1189.96	.029	6183.68	34.66
NON-HSC HOSPITALS TOTAL	274		1,048	1,417,822.48	1352.88	.003	5174.53	3.82
ACCOMMODATIONS	274		1,048	417,975.37	398.83	.003	1525.46	1.13
ADMINISTRATIVE DAYS	68		352	78,496.35	223.00	.001	1154.36	.21
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	209		696	339,479.02	487.76	.002	1624.30	.91
ANCILLARIES	274		0	999,847.11	.00	.000	3649.08	2.69
INPATIENT CROSSOVERS	568		3,264	464,574.17	142.33	.009	817.91	1.25
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	25,936		121,265	3,096,591.96	25.54	.327	119.39	8.34
MEDICAL	7,687		11,244	405,127.76	36.03	.030	52.70	1.09
SURGERY	2,036		2,370	88,837.36	37.48	.006	43.63	.24
PATHOLOGY	8,162		34,543	381,539.88	11.05	.093	46.75	1.03

RADIOLOGY	6,179	8,879	592,938.73	66.78	.024	95.96	1.60
ROOM USE	13,613	17,798	705,614.00	39.65	.048	51.83	1.90
CROSSOVERS/ALL OTH OUTPTNT	11,964	46,431	922,534.23	19.87	.125	77.11	2.48
@STATE HOSPITAL	12	363	\$ 191,945.33	\$ 528.78	.001	\$ 15995.44	\$.52
MENTALLY ILL	5	178	81,383.35	457.21	.000	16276.67	.22
DEVELOP. DISABLED	7	185	110,561.98	597.63	.000	15794.57	.30
@NURSING FACILITY	1,364	29,966	\$ 4,102,212.19	\$ 136.90	.081	\$ 3007.49	\$ 11.05
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	25	836	101,959.42	121.96	.002	4078.38	.27
LEV B-SUBACUTE FREESTANDING	1	2	606.80	303.40	.000	606.80	.00
LEV B-SUBACUTE HSPTL BASED	4	108	53,691.35	497.14	.000	13422.84	.14
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,337	29,020	3,945,954.62	135.97	.078	2951.35	10.63
@INTERMEDIATE CARE FACIL.-DD	325	10,601	\$ 1,890,123.43	\$ 178.30	.029	\$ 5815.76	\$ 5.09
ICF DDH	99	3,165	472,597.85	149.32	.009	4773.72	1.27
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	226	7,436	1,417,525.58	190.63	.020	6272.24	3.82
@HEMODIALYSIS TOTAL	1,235	14,735	\$ 1,064,008.66	\$ 72.21	.040	\$ 861.55	\$ 2.87
HOSPITAL BASED	10	13	33,149.19	2549.94	.000	3314.92	.09
HEMODIALYSIS CENTER	1,225	14,722	1,030,859.47	70.02	.040	841.52	2.78
@REHABILITATION FACILITY	398	2,119	\$ 57,707.32	\$ 27.23	.006	\$ 144.99	\$.16
HOSPITAL BASED	231	772	29,534.65	38.26	.002	127.86	.08
INDEPENDENT FACILITY	170	1,347	28,172.67	20.92	.004	165.72	.08
@LABORATORY FACILITY	15,597	57,860	\$ 684,065.36	\$ 11.82	.156	\$ 43.86	\$ 1.84
PATHOLOGY	15,233	57,007	672,760.47	11.80	.154	44.16	1.81
XO AND OTHERS	367	853	11,304.89	13.25	.002	30.80	.03
@ORGANIZED OUTPATIENT CLINIC	51,874	87,772	\$ 7,913,726.09	\$ 90.16	.236	\$ 152.56	\$ 21.32
CLINIC	4,084	12,427	268,712.54	21.62	.033	65.80	.72
SURGICENTER	2,303	6,541	255,261.06	39.02	.018	110.84	.69
HEROIN DETOX CLINIC	17	198	2,258.37	11.41	.001	132.85	.01
RURAL HEALTH CLINIC	46,650	68,606	7,387,494.12	107.68	.185	158.36	19.90
#CALIF DEPT OF HEALTH SERV							
MOP024							
MERCED COUNTY							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

PAGE 7,452
01/29/04

	371,242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	34,984		2,012,414	\$ 5,154,772.83	\$ 2.56	5.421	\$ 147.35	\$ 13.89
DURABLE MED. EQUIP.	1,543		4,396	852,488.18	193.92	.012	552.49	2.30
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	656		1,138	228,620.56	200.90	.003	348.51	.62
MEDICAL TRANSPORTATION	4,209		141,789	970,632.20	6.85	.382	230.61	2.61
AMBULANCES/AIR TRANS	2,982		37,482	485,583.22	12.96	.101	162.84	1.31
OTHER TRANS	1,086		101,267	379,172.19	3.74	.273	349.15	1.02
OTHER SERVICES	303		3,040	105,876.79	34.83	.008	349.43	.29
ACUPUNCTURE	200		435	7,989.17	18.37	.001	39.95	.02
ADULT DAY HEALTH CARE CTR	550		8,360	578,850.76	69.24	.023	1052.46	1.56
GENETIC DISEASE TESTING	225		227	23,516.00	103.59	.001	104.52	.06
IHMC,MODEL-NF,NF,AIDS,MSSP	1,560		8,072	585,800.81	72.57	.022	375.51	1.58
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	6,198		14,350	179,523.39	12.51	.039	28.96	.48
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	37		91	1,613.98	17.74	.000	43.62	.00
PROSTHETIST/ORTHOTISTS	843		1,969	179,815.74	91.32	.005	213.30	.48
PROSTHETICS	679		1,760	170,260.68	96.74	.005	250.75	.46
ORTHOTICS	171		209	9,555.06	45.72	.001	55.88	.03
PSYCHOLOGIST	21		114	6,114.01	53.63	.000	291.14	.02
SPEECH AND AUDIOLOGY	565		1,338	87,826.60	65.64	.004	155.45	.24
HOSPICE SERVICES	53		1,211	143,910.30	118.84	.003	2715.29	.39
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	13,948	62,432	569,565.21	9.12	.168	40.83	1.53
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	5	82.35	16.47	.000	82.35	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7,101	1,766,492	738,505.92	.42	4.758	104.00	1.99
@CALIF. CHILDREN SERVICES*	3,426	144,188	\$ 4,982,844.79	\$ 34.56	.388	\$ 1454.42	\$ 13.42
@XOVER EXCLUDING STATE HOSP**	20,196	194,193	\$ 2,836,336.98	\$ 14.61	.523	\$ 140.44	\$ 7.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,453
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 MERCED COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

12,602 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,820	154,454	\$ 4,745,371.85	\$ 30.72	12.256	\$ 483.24	\$ 376.56
@PHYSICIANS SERVICES	2,695	9,566	\$ 208,204.75	\$ 21.77	.759	\$ 77.26	\$ 16.52
OUTPATIENT VISITS	400	560	23,083.82	41.22	.044	57.71	1.83
OFFICE VISITS	339	467	17,154.94	36.73	.037	50.60	1.36
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	73	85	5,679.12	66.81	.007	77.80	.45
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	8	249.76	31.22	.001	31.22	.02
INPATIENT VISITS	53	400	15,423.83	38.56	.032	291.02	1.22
HOSPITAL VISITS	52	353	10,008.93	28.35	.028	192.48	.79
CRITICAL CARE	5	46	5,342.80	116.15	.004	1068.56	.42
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.000	72.10	.01
OPHTHALMOLOGICAL SERVICES	55	61	2,778.79	45.55	.005	50.52	.22
EXAMINATIONS	55	61	2,778.79	45.55	.005	50.52	.22
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	123	12,812.77	104.17	.010	413.32	1.02
PRINCIPAL SURGEON	21	33	10,550.40	319.71	.003	502.40	.84
ASSISTANT SURGEON	4	4	392.05	98.01	.000	98.01	.03
ANESTHESIOLOGIST	7	86	1,870.32	21.75	.007	267.19	.15
OUTPATIENT SURGERY	63	159	21,763.32	136.88	.013	345.45	1.73
PRINCIPAL SURGEON	52	77	19,499.19	253.24	.006	374.98	1.55
ASSISTANT SURGEON	4	4	331.73	82.93	.000	82.93	.03
ANESTHESIOLOGIST	14	78	1,932.40	24.77	.006	138.03	.15
DIALYSIS	1	7	829.84	118.55	.001	829.84	.07
PATHOLOGY	129	239	1,900.42	7.95	.019	14.73	.15
RADIOLOGY	229	460	17,696.32	38.47	.037	77.28	1.40
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	21	54	7,009.82	129.81	.004	333.80	.56
OTHER SERVICES/ALL X-OVERS	2,189	7,503	104,905.82	13.98	.595	47.92	8.32
@PHARMACY	8,185	69,853	\$ 2,316,873.70	\$ 33.17	5.543	\$ 283.06	\$ 183.85
PRESCRIPTION DRUGS	8,096	34,429	2,264,796.46	65.78	2.732	279.74	179.72
SNF/ICF	291	1,770	101,746.37	57.48	.140	349.64	8.07
OUTPATIENTS	7,828	32,659	2,163,050.09	66.23	2.592	276.32	171.64
MEDICAL SUPPLIES	680	35,424	52,077.24	1.47	2.811	76.58	4.13
@DENTIST	565	2,439	\$ 118,061.10	\$ 48.41	.194	\$ 208.96	\$ 9.37
VISITS - DIAGNOSTIC	340	1,369	16,010.78	11.70	.109	47.09	1.27
ORAL SURGERY	99	296	15,328.00	51.78	.023	154.83	1.22
DRUGS	1	6	90.00	15.00	.000	90.00	.01
ANESTHESIA	7	8	800.00	100.00	.001	114.29	.06
PERIODONTICS	61	63	6,530.00	103.65	.005	107.05	.52
ENDODONTICS	37	51	11,750.00	230.39	.004	317.57	.93
RESTORATIVE DENTISTRY	150	354	31,713.00	89.58	.028	211.42	2.52
PROSTHETICS	7	9	335.00	37.22	.001	47.86	.03

DENTURES, STAYPLATES	100	278	35,504.32	127.71	.022	355.04	2.82
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	14	5	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,454
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

12,602 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	315	861	\$ 17,117.12	\$ 19.88	.068	\$ 54.34	\$ 1.36
DIAGNOSTIC AND ANC. PROCED	53	56	2,545.62	45.46	.004	48.03	.20
EYE APPLIANCES	231	655	11,855.20	18.10	.052	51.32	.94
OTHER OPTOMETRIC SERVICES	92	150	2,716.30	18.11	.012	29.53	.22
@CHIROPRACTOR	9	20	\$ 334.40	\$ 16.72	.002	\$ 37.16	\$.03
VISITS	5	14	234.08	16.72	.001	46.82	.02
OTHER SERVICES	4	6	100.32	16.72	.000	25.08	.01
@PODIATRIST	181	256	\$ 2,112.29	\$ 8.25	.020	\$ 11.67	\$.17
MEDICINE/INJECTIONS	3	3	135.80	45.27	.000	45.27	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	178	253	1,976.49	7.81	.020	11.10	.16
@HOME HEALTH AGENCY	2	15	\$ 1,058.92	\$ 70.59	.001	\$ 529.46	\$.08
NURSE ANESTHESIST	10	76	\$ 832.66	\$ 10.96	.006	\$ 83.27	\$.07
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	3	\$ 57.76	\$ 19.25	.000	\$ 19.25	\$.00
@TOTAL HOSPITAL	922	5,449	\$ 510,636.44	\$ 93.71	.432	\$ 553.84	\$ 40.52
HOSP INPATIENT TOTAL	154	941	414,271.86	440.25	.075	2690.08	32.87
HSC HOSPITALS	24	161	212,474.69	1319.72	.013	8853.11	16.86
NON-HSC HOSPITAL TOTAL	10	80	99,003.01	1237.54	.006	9900.30	7.86
ACCOMMODATIONS	10	80	51,574.98	644.69	.006	5157.50	4.09
ADMINISTRATIVE DAYS	3	11	2,354.11	214.01	.001	784.70	.19
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	69	49,220.87	713.35	.005	7031.55	3.91
ANCILLARIES	10	0	47,428.03	.00	.000	4742.80	3.76
INPATIENT CROSSOVERS	122	700	102,794.16	146.85	.056	842.58	8.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	792	4,508	96,364.58	21.38	.358	121.67	7.65
MEDICAL	87	128	4,336.66	33.88	.010	49.85	.34
SURGERY	25	28	1,595.06	56.97	.002	63.80	.13
PATHOLOGY	108	502	5,464.32	10.89	.040	50.60	.43
RADIOLOGY	114	157	10,792.59	68.74	.012	94.67	.86
ROOM USE	101	137	6,772.33	49.43	.011	67.05	.54
CROSSOVERS/ALL OTH OUTPTNT	652	3,556	67,403.62	18.95	.282	103.38	5.35
@COUNTY HOSPITAL TOTAL	21	78	\$ 4,299.03	\$ 55.12	.006	\$ 204.72	\$.34
CO HOSPITAL INPATIENT TOTAL	1	1	1,778.41	1778.41	.000	1778.41	.14
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1	1,778.41	1778.41	.000	1778.41	.14
ACCOMMODATIONS	1	1	231.30	231.30	.000	231.30	.02
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	1,547.11	.00	.000	1547.11	.12
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	20	77	2,520.62	32.74	.006	126.03	.20
MEDICAL	8	15	697.84	46.52	.001	87.23	.06

SURGERY	1	2	110.96	55.48	.000	110.96	.01
PATHOLOGY	4	25	275.40	11.02	.002	68.85	.02
RADIOLOGY	6	7	579.80	82.83	.001	96.63	.05
ROOM USE	10	15	556.54	37.10	.001	55.65	.04
CROSSEOVERS/ALL OTH OUTPTNT	8	13	300.08	23.08	.001	37.51	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,455
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	12,602 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	903	5,371	\$	506,337.41	\$ 94.27	.426	\$ 560.73	\$ 40.18
COMM HOSP INPATIENT TOTAL	153	940		412,493.45	438.82	.075	2696.04	32.73
HSC HOSPITALS	24	161		212,474.69	1319.72	.013	8853.11	16.86
NON-HSC HOSPITALS TOTAL	9	79		97,224.60	1230.69	.006	10802.73	7.72
ACCOMMODATIONS	9	79		51,343.68	649.92	.006	5704.85	4.07

ADMINISTRATIVE DAYS	2	10		2,122.81	212.28	.001	1061.41	.17
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	69		49,220.87	713.35	.005	7031.55	3.91
ANCILLARIES	9	0		45,880.92	.00	.000	5097.88	3.64
INPATIENT CROSSOVERS	122	700		102,794.16	146.85	.056	842.58	8.16
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	774	4,431		93,843.96	21.18	.352	121.25	7.45
MEDICAL	80	113		3,638.82	32.20	.009	45.49	.29
SURGERY	24	26		1,484.10	57.08	.002	61.84	.12
PATHOLOGY	104	477		5,188.92	10.88	.038	49.89	.41
RADIOLOGY	108	150		10,212.79	68.09	.012	94.56	.81
ROOM USE	93	122		6,215.79	50.95	.010	66.84	.49
CROSSOVERS/ALL OTH OUTPTNT	644	3,543		67,103.54	18.94	.281	104.20	5.32
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	345	7,565	\$	987,178.53	\$ 130.49	.600	\$ 2861.39	\$ 78.34
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	345	7,565		987,178.53	130.49	.600	2861.39	78.34
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	144	286	\$	78,535.72	\$ 274.60	.023	\$ 545.39	\$ 6.23
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	144	286		78,535.72	274.60	.023	545.39	6.23
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	330	1,690	\$	18,889.87	\$ 11.18	.134	\$ 57.24	\$ 1.50
PATHOLOGY	282	1,605		18,215.36	11.35	.127	64.59	1.45
XO AND OTHERS	48	85		674.51	7.94	.007	14.05	.05
@ORGANIZED OUTPATIENT CLINIC	1,732	3,039	\$	166,250.63	\$ 54.71	.241	\$ 95.99	\$ 13.19
CLINIC	11	33		519.81	15.75	.003	47.26	.04
SURGICENTER	173	253		10,990.07	43.44	.020	63.53	.87
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,591	2,753		154,740.75	56.21	.218	97.26	12.28

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,456
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	12,602 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,541	53,336	\$	319,227.96	\$ 5.99	4.232	\$ 207.16	\$ 25.33
DURABLE MED. EQUIP.	52	82		9,879.51	120.48	.007	189.99	.78
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	120	176		51,137.73	290.56	.014	426.15	4.06
MEDICAL TRANSPORTATION	249	21,056		78,837.51	3.74	1.671	316.62	6.26
AMBULANCES/AIR TRANS	47	492		6,459.03	13.13	.039	137.43	.51
OTHER TRANS	190	20,422		72,174.83	3.53	1.621	379.87	5.73
OTHER SERVICES	16	142		203.65	1.43	.011	12.73	.02
ACUPUNCTURE	8	28		504.16	18.01	.002	63.02	.04
ADULT DAY HEALTH CARE CTR	63	893		62,027.81	69.46	.071	984.57	4.92
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	129	505		46,630.71	92.34	.040	361.48	3.70
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00

OPTICIAN	412	961	13,733.42	14.29	.076	33.33	1.09
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	1.42	.36	.000	.71	.00
PROSTHETIST/ORTHOTISTS	32	59	2,081.19	35.27	.005	65.04	.17
PROSTHETICS	31	58	2,044.19	35.24	.005	65.94	.16
ORTHOTICS	1	1	37.00	37.00	.000	37.00	.00
PSYCHOLOGIST	1	1	24.58	24.58	.000	24.58	.00
SPEECH AND AUDIOLOGY	25	43	4,829.46	112.31	.003	193.18	.38
HOSPICE SERVICES	6	30	3,380.37	112.68	.002	563.40	.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	654	29,498	46,160.09	1.56	2.341	70.58	3.66
@CALIF. CHILDREN SERVICES*	0	3CR	\$ 153.33CR	\$ 51.11	.000	\$.00	\$.01CR
@XOVER EXCLUDING STATE HOSP**	3,179	16,534	\$ 507,100.74	\$ 30.67	1.312	\$ 159.52	\$ 40.24

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,457
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND	AID CODE 24

77 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	49	4,469	\$ 92,477.72	\$ 20.69	58.039	\$ 1887.30	\$ 1201.01
@PHYSICIANS SERVICES	13	158	\$ 6,101.70	\$ 38.62	2.052	\$ 469.36	\$ 79.24
OUTPATIENT VISITS	8	12	703.90	58.66	.156	87.99	9.14
OFFICE VISITS	5	6	235.60	39.27	.078	47.12	3.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	221.03	73.68	.039	73.68	2.87
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	3	247.27	82.42	.039	123.64	3.21
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	26	991.44	38.13	.338	991.44	12.88
HOSPITAL VISITS	1	26	991.44	38.13	.338	991.44	12.88
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	59.44	29.72	.026	59.44	.77
EXAMINATIONS	1	2	59.44	29.72	.026	59.44	.77
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	50	2,987.27	59.75	.649	995.76	38.80
PRINCIPAL SURGEON	3	6	2,202.14	367.02	.078	734.05	28.60
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	44	785.13	17.84	.571	785.13	10.20
OUTPATIENT SURGERY	1	1	104.23	104.23	.013	104.23	1.35
PRINCIPAL SURGEON	1	1	104.23	104.23	.013	104.23	1.35
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	20	144.36	7.22	.260	36.09	1.87
RADIOLOGY	6	39	946.23	24.26	.506	157.71	12.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	8	164.83	20.60	.104	54.94	2.14
@PHARMACY	33	838	\$ 4,394.24	\$ 5.24	10.883	\$ 133.16	\$ 57.07
PRESCRIPTION DRUGS	31	124	4,025.03	32.46	1.610	129.84	52.27
SNF/ICF	9	70	2,018.90	28.84	.909	224.32	26.22
OUTPATIENTS	22	54	2,006.13	37.15	.701	91.19	26.05

MEDICAL SUPPLIES	6	714		369.21	.52	9.273	61.54	4.79
@DENTIST	3	14	\$	540.00	38.57	.182	\$ 180.00	\$ 7.01
VISITS - DIAGNOSTIC	2	5		180.00	36.00	.065	90.00	2.34
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	9		360.00	40.00	.117	360.00	4.68
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,458
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

77 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 27.50	\$ 27.50	.013	\$ 27.50	\$.36
@TOTAL HOSPITAL	10	66	\$ 32,600.61	\$ 493.95	.857	\$ 3260.06	\$ 423.38
HOSP INPATIENT TOTAL	3	35	31,960.00	913.14	.455	10653.33	415.06
HSC HOSPITALS	2	26	31,120.00	1196.92	.338	15560.00	404.16
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	9	840.00	93.33	.117	840.00	10.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8	31	640.61	20.66	.403	80.08	8.32
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	69.29	11.55	.078	23.10	.90
RADIOLOGY	1	1	54.52	54.52	.013	54.52	.71
ROOM USE	5	8	296.84	37.11	.104	59.37	3.86
CROSSOVERS/ALL OTH OUTPTNT	2	16	219.96	13.75	.208	109.98	2.86
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,459
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

77 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	66	\$ 32,600.61	\$ 493.95	.857	\$ 3260.06	\$ 423.38
COMM HOSP INPATIENT TOTAL	3	35	31,960.00	913.14	.455	10653.33	415.06
HSC HOSPITALS	2	26	31,120.00	1196.92	.338	15560.00	404.16
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	9	840.00	93.33	.117	840.00	10.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	31	640.61	20.66	.403	80.08	8.32
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	69.29	11.55	.078	23.10	.90
RADIOLOGY	1	1	54.52	54.52	.013	54.52	.71
ROOM USE	5	8	296.84	37.11	.104	59.37	3.86
CROSSOVERS/ALL OTH OUTPTNT	2	16	219.96	13.75	.208	109.98	2.86
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	8	286	\$ 37,396.97	\$ 130.76	3.714	\$ 4674.62	\$ 485.67
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	8	286	37,396.97	130.76	3.714	4674.62	485.67
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	20	\$ 380.03	\$ 19.00	.260	\$ 63.34	\$ 4.94

PATHOLOGY	6	20		380.03		19.00	.260	63.34	4.94
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	11	22	\$	1,643.01	\$	74.68	.286	\$ 149.36	\$ 21.34
CLINIC	2	4		40.00		10.00	.052	20.00	.52
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	9	18		1,603.01		89.06	.234	178.11	20.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 7,460
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								AID CODE 24
							----- MONTHLY AVERAGE -----		
77 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE				PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	15	3,064	\$	9,393.66	\$	3.07	39.792	\$ 626.24	\$ 122.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00	.00
BLOOD BANK	0	0		.00		.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	88	4,550.09	51.71	1.143	1137.52	59.09
AMBULANCES/AIR TRANS	2	79	2,674.29	33.85	1.026	1337.15	34.73
OTHER TRANS	2	8	75.80	9.48	.104	37.90	.98
OTHER SERVICES	1	1	1,800.00	1800.00	.013	1800.00	23.38
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	3	259.66	86.55	.039	129.83	3.37
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	33	3,611.85	109.45	.429	1805.93	46.91
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	3	31.20	10.40	.039	31.20	.41
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	2,937	940.86	.32	38.143	104.54	12.22
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	12	3,369	\$ 6,524.30	\$ 1.94	43.753	\$ 543.69	\$ 84.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,461
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

7,130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,796	127,381	\$ 4,453,123.24	\$ 34.96	17.865	\$ 768.31	\$ 624.56
@PHYSICIANS SERVICES	1,865	11,243	\$ 399,842.32	\$ 35.56	1.577	\$ 214.39	\$ 56.08
OUTPATIENT VISITS	476	708	27,459.41	38.78	.099	57.69	3.85
OFFICE VISITS	341	499	16,229.64	32.52	.070	47.59	2.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	140	169	10,094.62	59.73	.024	72.10	1.42
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	35	40	1,135.15	28.38	.006	32.43	.16
INPATIENT VISITS	169	1,189	51,494.96	43.31	.167	304.70	7.22
HOSPITAL VISITS	163	1,125	44,652.23	39.69	.158	273.94	6.26
CRITICAL CARE	13	56	6,476.24	115.65	.008	498.17	.91
SNF/ICF/TRANS IP CARE	7	8	366.49	45.81	.001	52.36	.05
OPHTHALMOLOGICAL SERVICES	36	52	2,144.60	41.24	.007	59.57	.30
EXAMINATIONS	36	52	2,144.60	41.24	.007	59.57	.30
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	86	428	38,381.17	89.68	.060	446.29	5.38
PRINCIPAL SURGEON	70	116	29,322.47	252.78	.016	418.89	4.11
ASSISTANT SURGEON	7	8	1,952.20	244.03	.001	278.89	.27
ANESTHESIOLOGIST	24	304	7,106.50	23.38	.043	296.10	1.00
OUTPATIENT SURGERY	99	272	17,008.19	62.53	.038	171.80	2.39
PRINCIPAL SURGEON	87	133	14,858.94	111.72	.019	170.79	2.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	16	139	2,149.25	15.46	.019	134.33	.30

DIALYSIS	37	60		9,043.60		150.73	.008	244.42	1.27
PATHOLOGY	112	469		3,553.75		7.58	.066	31.73	.50
RADIOLOGY	375	1,014		40,800.77		40.24	.142	108.80	5.72
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	55	3,276		145,284.39		44.35	.459	2641.53	20.38
OTHER SERVICES/ALL X-OVERS	1,216	3,775		64,671.48		17.13	.529	53.18	9.07
@PHARMACY	4,486	67,951	\$	1,763,086.42	\$	25.95	9.530	\$ 393.02	\$ 247.28
PRESCRIPTION DRUGS	4,401	21,009		1,690,616.99		80.47	2.947	384.14	237.11
SNF/ICF	90	645		38,199.47		59.22	.090	424.44	5.36
OUTPATIENTS	4,313	20,364		1,652,417.52		81.14	2.856	383.12	231.76
MEDICAL SUPPLIES	470	46,942		72,469.43		1.54	6.584	154.19	10.16
@DENTIST	405	1,760	\$	78,367.28	\$	44.53	.247	\$ 193.50	\$ 10.99
VISITS - DIAGNOSTIC	260	1,040		12,660.98		12.17	.146	48.70	1.78
ORAL SURGERY	54	148		8,003.00		54.07	.021	148.20	1.12
DRUGS	3	12		135.00		11.25	.002	45.00	.02
ANESTHESIA	5	6		600.00		100.00	.001	120.00	.08
PERIODONTICS	54	56		5,780.00		103.21	.008	107.04	.81
ENDODONTICS	25	39		9,665.00		247.82	.005	386.60	1.36
RESTORATIVE DENTISTRY	113	351		28,714.00		81.81	.049	254.11	4.03
PROSTHETICS	2	2		30.00		15.00	.000	15.00	.00
DENTURES, STAYPLATES	42	90		12,387.02		137.63	.013	294.93	1.74
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2		392.28		196.14	.000	196.14	.06
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	9	14		.00		.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN THRU DEC 2003								
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MERCED COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

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----- MONTHLY AVERAGE -----									
7,130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	161	450	\$ 9,010.06	\$ 20.02	.063	\$ 55.96	\$ 1.26		
DIAGNOSTIC AND ANC. PROCED	44	44	2,062.49	46.87	.006	46.87	.29		
EYE APPLIANCES	127	364	6,045.53	16.61	.051	47.60	.85		
OTHER OPTOMETRIC SERVICES	29	42	902.04	21.48	.006	31.10	.13		
@CHIROPRACTOR	12	22	\$ 296.25	\$ 13.47	.003	\$ 24.69	\$.04		
VISITS	4	8	133.76	16.72	.001	33.44	.02		
OTHER SERVICES	8	14	162.49	11.61	.002	20.31	.02		
@PODIATRIST	63	98	\$ 828.48	\$ 8.45	.014	\$ 13.15	\$.12		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	63	98	828.48	8.45	.014	13.15	.12		
@HOME HEALTH AGENCY	22	925	\$ 32,426.25	\$ 35.06	.130	\$ 1473.92	\$ 4.55		
NURSE ANESTHESIST	6	48	\$ 414.32	\$ 8.63	.007	\$ 69.05	\$.06		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
@TOTAL HOSPITAL	800	5,847	\$ 1,359,051.78	\$ 232.44	.820	\$ 1698.81	\$ 190.61		
HOSP INPATIENT TOTAL	153	1,263	1,248,844.87	988.79	.177	8162.38	175.15		
HSC HOSPITALS	103	937	1,113,573.75	1188.45	.131	10811.40	156.18		
NON-HSC HOSPITAL TOTAL	17	106	103,163.87	973.24	.015	6068.46	14.47		
ACCOMMODATIONS	17	106	32,899.22	310.37	.015	1935.25	4.61		
ADMINISTRATIVE DAYS	9	64	14,545.64	227.28	.009	1616.18	2.04		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	8	42	18,353.58	436.99	.006	2294.20	2.57		
ANCILLARIES	17	0	70,264.65	.00	.000	4133.21	9.85		
INPATIENT CROSSOVERS	38	220	32,107.25	145.94	.031	844.93	4.50		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		

HOSP OUTPATIENT TOTAL	690	4,584		110,206.91	24.04	.643	159.72	15.46	
MEDICAL	143	382		13,883.09	36.34	.054	97.08	1.95	
SURGERY	49	54		2,380.44	44.08	.008	48.58	.33	
PATHOLOGY	169	855		9,148.74	10.70	.120	54.13	1.28	
RADIOLOGY	149	371		28,708.62	77.38	.052	192.68	4.03	
ROOM USE	189	306		13,138.64	42.94	.043	69.52	1.84	
CROSSOVERS/ALL OTH OUTPTNT	462	2,616		42,947.38	16.42	.367	92.96	6.02	
@COUNTY HOSPITAL TOTAL	28	305	\$	162,123.68	\$ 531.55	.043	\$ 5790.13	\$ 22.74	
CO HOSPITAL INPATIENT TOTAL	10	128		156,255.78	1220.75	.018	15625.58	21.92	
HSC HOSPITALS	9	109		134,323.00	1232.32	.015	14924.78	18.84	
NON-HSC HOSPITALS TOTAL	2	19		21,932.78	1154.36	.003	10966.39	3.08	
ACCOMMODATIONS	2	19		4,394.70	231.30	.003	2197.35	.62	
ADMINISTRATIVE DAYS	1	5		1,156.50	231.30	.001	1156.50	.16	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	14		3,238.20	231.30	.002	3238.20	.45	
ANCILLARIES	2	0		17,538.08	.00	.000	8769.04	2.46	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	20	177		5,867.90	33.15	.025	293.40	.82	
MEDICAL	11	42		1,495.95	35.62	.006	136.00	.21	
SURGERY	0	0		50.56	.00	.000	.00	.01	
PATHOLOGY	7	36		434.44	12.07	.005	62.06	.06	
RADIOLOGY	6	11		1,261.45	114.68	.002	210.24	.18	
ROOM USE	12	24		855.96	35.67	.003	71.33	.12	
CROSSOVERS/ALL OTH OUTPTNT	12	64		1,769.54	27.65	.009	147.46	.25	
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MERCED COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

	7,130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	778	5,542	\$	1,196,928.10	\$ 215.97	.777	\$ 1538.47	\$ 167.87
COMM HOSP INPATIENT TOTAL	143	1,135		1,092,589.09	962.63	.159	7640.48	153.24
HSC HOSPITALS	94	828		979,250.75	1182.67	.116	10417.56	137.34
NON-HSC HOSPITALS TOTAL	15	87		81,231.09	933.69	.012	5415.41	11.39
ACCOMMODATIONS	15	87		28,504.52	327.64	.012	1900.30	4.00
ADMINISTRATIVE DAYS	8	59		13,389.14	226.93	.008	1673.64	1.88
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	28		15,115.38	539.84	.004	2159.34	2.12
ANCILLARIES	15	0		52,726.57	.00	.000	3515.10	7.40
INPATIENT CROSSOVERS	38	220		32,107.25	145.94	.031	844.93	4.50
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	674	4,407		104,339.01	23.68	.618	154.81	14.63
MEDICAL	132	340		12,387.14	36.43	.048	93.84	1.74
SURGERY	49	54		2,329.88	43.15	.008	47.55	.33
PATHOLOGY	162	819		8,714.30	10.64	.115	53.79	1.22
RADIOLOGY	143	360		27,447.17	76.24	.050	191.94	3.85
ROOM USE	179	282		12,282.68	43.56	.040	68.62	1.72
CROSSOVERS/ALL OTH OUTPTNT	451	2,552		41,177.84	16.14	.358	91.30	5.78
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	102	2,004	\$	255,164.15	\$ 127.33	.281	\$ 2501.61	\$ 35.79
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	102	2,004		255,164.15	127.33	.281	2501.61	35.79
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	186	2,196	\$	167,019.26	\$ 76.06	.308	\$ 897.95	\$ 23.42	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	186	2,196		167,019.26	76.06	.308	897.95	23.42	
@REHABILITATION FACILITY	9	175	\$	3,923.09	\$ 22.42	.025	\$ 435.90	\$.55	
HOSPITAL BASED	4	35		1,049.95	30.00	.005	262.49	.15	
INDEPENDENT FACILITY	6	140		2,873.14	20.52	.020	478.86	.40	
@LABORATORY FACILITY	367	1,860	\$	20,093.28	\$ 10.80	.261	\$ 54.75	\$ 2.82	
PATHOLOGY	331	1,815		19,628.54	10.81	.255	59.30	2.75	
XO AND OTHERS	36	45		464.74	10.33	.006	12.91	.07	
@ORGANIZED OUTPATIENT CLINIC	1,051	1,813	\$	133,221.36	\$ 73.48	.254	\$ 126.76	\$ 18.68	
CLINIC	34	69		1,327.69	19.24	.010	39.05	.19	
SURGICENTER	68	109		3,706.50	34.00	.015	54.51	.52	
HEROIN DETOX CLINIC	4	47		487.83	10.38	.007	121.96	.07	
RURAL HEALTH CLINIC	970	1,588		127,699.34	80.42	.223	131.65	17.91	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 7,464
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MERCED COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

	7,130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	906	30,989	\$	230,378.94	\$ 7.43	4.346	\$ 254.28	\$ 32.31
DURABLE MED. EQUIP.	63	204		30,764.03	150.80	.029	488.32	4.31
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	19	33		6,438.51	195.11	.005	338.87	.90
MEDICAL TRANSPORTATION	188	9,801		66,392.10	6.77	1.375	353.15	9.31
AMBULANCES/AIR TRANS	105	1,968		21,233.66	10.79	.276	202.23	2.98
OTHER TRANS	70	7,632		34,179.94	4.48	1.070	488.28	4.79
OTHER SERVICES	25	201		10,978.50	54.62	.028	439.14	1.54
ACUPUNCTURE	1	5		81.10	16.22	.001	81.10	.01
ADULT DAY HEALTH CARE CTR	7	58		3,997.45	68.92	.008	571.06	.56
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	12	38		3,930.13	103.42	.005	327.51	.55
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	227	551		7,802.97	14.16	.077	34.37	1.09
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2		3.28	1.64	.000	1.64	.00
PROSTHETIST/ORTHOTISTS	29	81		3,524.43	43.51	.011	121.53	.49
PROSTHETICS	28	80		3,445.43	43.07	.011	123.05	.48
ORTHOTICS	1	1		79.00	79.00	.000	79.00	.01
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	18		612.92	34.05	.003	61.29	.09
HOSPICE SERVICES	25	753		78,725.89	104.55	.106	3149.04	11.04
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	46	506		3,003.12	5.94	.071	65.29	.42
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	377	18,938		24,998.01	1.32	2.656	66.31	3.51
@CALIF. CHILDREN SERVICES*	58	2,607	\$	106,622.34	\$ 40.90	.366	\$ 1838.32	\$ 14.95
@XOVER EXCLUDING STATE HOSP**	1,575	16,059	\$	231,832.70	\$ 14.44	2.252	\$ 147.20	\$ 32.52

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,465
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MERCED COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

----- MONTHLY AVERAGE -----

353,534 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	139,946	749,903	\$ 38,765,253.26	\$ 51.69	2.121	\$ 277.00	\$ 109.65
@PHYSICIANS SERVICES	49,455	122,518	\$ 5,433,441.78	\$ 44.35	.347	\$ 109.87	\$ 15.37
OUTPATIENT VISITS	35,579	48,779	1,896,117.43	38.87	.138	53.29	5.36
OFFICE VISITS	24,554	30,579	1,015,762.27	33.22	.086	41.37	2.87
HOME VISITS	1	1	25.20	25.20	.000	25.20	.00
EMERGENCY ROOM	8,069	8,849	445,825.76	50.38	.025	55.25	1.26
PREVENTIVE CARE	15	15	570.58	38.04	.000	38.04	.00
OB VISITS/COMPRE PERI	3,285	7,599	378,373.34	49.79	.021	115.18	1.07
OTHER OUTPATIENT	1,581	1,736	55,560.28	32.00	.005	35.14	.16
INPATIENT VISITS	2,637	9,143	635,047.89	69.46	.026	240.82	1.80
HOSPITAL VISITS	2,492	6,873	305,921.49	44.51	.019	122.76	.87
CRITICAL CARE	230	2,228	327,440.07	146.97	.006	1423.65	.93
SNF/ICF/TRANS IP CARE	8	42	1,686.33	40.15	.000	210.79	.00
OPHTHALMOLOGICAL SERVICES	604	671	29,558.45	44.05	.002	48.94	.08

EXAMINATIONS	594	661	29,336.89	44.38	.002	49.39	.08
SERVICES AND MATERIALS	10	10	221.56	22.16	.000	22.16	.00
INPATIENT HOSPITAL SURGERY	2,544	8,862	1,239,443.20	139.86	.025	487.20	3.51
PRINCIPAL SURGEON	1,890	2,255	1,019,406.24	452.06	.006	539.37	2.88
ASSISTANT SURGEON	380	381	65,252.94	171.27	.001	171.72	.18
ANESTHESIOLOGIST	749	6,226	154,784.02	24.86	.018	206.65	.44
OUTPATIENT SURGERY	3,141	7,990	543,480.80	68.02	.023	173.03	1.54
PRINCIPAL SURGEON	2,516	3,157	423,295.63	134.08	.009	168.24	1.20
ASSISTANT SURGEON	42	42	4,666.21	111.10	.000	111.10	.01
ANESTHESIOLOGIST	985	4,791	115,518.96	24.11	.014	117.28	.33
DIALYSIS	58	100	13,827.11	138.27	.000	238.40	.04
PATHOLOGY	5,510	10,760	73,039.89	6.79	.030	13.26	.21
RADIOLOGY	11,160	16,553	552,586.77	33.38	.047	49.51	1.56
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1,243	4,122	87,450.58	21.22	.012	70.35	.25
OTHER SERVICES/ALL X-OVERS	6,466	15,538	362,889.66	23.35	.044	56.12	1.03
@PHARMACY	72,089	224,556	\$ 7,839,772.11	\$ 34.91	.635	\$ 108.75	\$ 22.18
PRESCRIPTION DRUGS	71,151	175,957	7,458,158.14	42.39	.498	104.82	21.10
SNF/ICF	21	72	2,987.63	41.49	.000	142.27	.01
OUTPATIENTS	71,132	175,885	7,455,170.51	42.39	.498	104.81	21.09
MEDICAL SUPPLIES	3,000	48,599	381,613.97	7.85	.137	127.20	1.08
@DENTIST	15,275	85,724	\$ 2,825,627.32	\$ 32.96	.242	\$ 184.98	\$ 7.99
VISITS - DIAGNOSTIC	10,812	55,658	729,731.10	13.11	.157	67.49	2.06
ORAL SURGERY	2,166	4,112	249,143.58	60.59	.012	115.02	.70
DRUGS	269	494	8,445.00	17.10	.001	31.39	.02
ANESTHESIA	198	202	19,600.00	97.03	.001	98.99	.06
PERIODONTICS	815	842	91,786.30	109.01	.002	112.62	.26
ENDODONTICS	1,524	2,888	390,296.20	135.14	.008	256.10	1.10
RESTORATIVE DENTISTRY	5,723	18,454	1,111,887.80	60.25	.052	194.28	3.15
PROSTHETICS	47	50	1,260.00	25.20	.000	26.81	.00
DENTURES, STAYPLATES	213	860	63,441.61	73.77	.002	297.85	.18
SPACE MAINTAINERS	138	162	17,613.00	108.72	.000	127.63	.05
MAXILLOFACIAL SERVICES	328	337	34,783.15	103.21	.001	106.05	.10
FRACTURES, DISLOCATIONS	2	2	800.00	400.00	.000	400.00	.00
ORTHODONTIC SERVICES	1,100	1,342	103,782.50	77.33	.004	94.35	.29
ALL OTHER SERVICES	403	321	3,057.08	9.52	.001	7.59	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,466
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						
353,534 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,934	8,653	\$ 209,814.25	\$ 24.25	.024	\$ 71.51	\$.59
DIAGNOSTIC AND ANC. PROCED	1,815	1,824	83,517.50	45.79	.005	46.02	.24
EYE APPLIANCES	2,249	6,263	94,775.72	15.13	.018	42.14	.27
OTHER OPTOMETRIC SERVICES	543	566	31,521.03	55.69	.002	58.05	.09
@CHIROPRACTOR	522	846	\$ 14,019.27	\$ 16.57	.002	\$ 26.86	\$.04
VISITS	521	844	13,985.83	16.57	.002	26.84	.04
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.00
@PODIATRIST	58	94	\$ 3,272.71	\$ 34.82	.000	\$ 56.43	\$.01
MEDICINE/INJECTIONS	44	52	1,743.21	33.52	.000	39.62	.00
SURGERY/ANES.	6	8	886.89	110.86	.000	147.82	.00
RADIO./PATHOLOGY	3	5	86.50	17.30	.000	28.83	.00
OTHER	10	29	556.11	19.18	.000	55.61	.00
@HOME HEALTH AGENCY	157	585	\$ 42,106.71	\$ 71.98	.002	\$ 268.20	\$.12
NURSE ANESTHESIST	2	16	\$ 245.18	\$ 15.32	.000	\$ 122.59	\$.00
NURSE MIDWIFE	2	3	\$ 181.44	\$ 60.48	.000	\$ 90.72	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	29	38	\$ 1,455.91	\$ 38.31	.000	\$ 50.20	\$.00
@TOTAL HOSPITAL	19,352	76,986	\$ 13,948,338.85	\$ 181.18	.218	\$ 720.77	\$ 39.45

HOSP INPATIENT TOTAL	2,414	9,523	12,138,933.60	1274.70	.027	5028.56	34.34
HSC HOSPITALS	2,020	8,067	10,167,216.97	1260.35	.023	5033.28	28.76
NON-HSC HOSPITAL TOTAL	403	1,423	1,967,296.01	1382.50	.004	4881.63	5.56
ACCOMMODATIONS	403	1,423	599,188.16	421.07	.004	1486.82	1.69
ADMINISTRATIVE DAYS	11	56	12,941.69	231.10	.000	1176.52	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	393	1,367	586,246.47	428.86	.004	1491.72	1.66
ANCILLARIES	403	0	1,368,107.85	.00	.000	3394.81	3.87
INPATIENT CROSSOVERS	6	33	4,420.62	133.96	.000	736.77	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17,583	67,463	1,809,405.25	26.82	.191	102.91	5.12
MEDICAL	5,195	7,220	270,915.76	37.52	.020	52.15	.77
SURGERY	1,479	1,682	70,977.81	42.20	.005	47.99	.20
PATHOLOGY	6,254	23,843	252,412.33	10.59	.067	40.36	.71
RADIOLOGY	5,048	6,610	403,250.23	61.01	.019	79.88	1.14
ROOM USE	10,488	13,070	517,539.81	39.60	.037	49.35	1.46
CROSSOVERS/ALL OTH OUTPTNT	6,783	15,038	294,309.31	19.57	.043	43.39	.83
@COUNTY HOSPITAL TOTAL	135	572	\$ 122,137.86	\$ 213.53	.002	\$ 904.72	\$.35
CO HOSPITAL INPATIENT TOTAL	22	85	107,856.72	1268.90	.000	4902.58	.31
HSC HOSPITALS	22	83	105,988.23	1276.97	.000	4817.65	.30
NON-HSC HOSPITALS TOTAL	1	2	1,868.49	934.25	.000	1868.49	.01
ACCOMMODATIONS	1	2	462.60	231.30	.000	462.60	.00
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	1,405.89	.00	.000	1405.89	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	120	487	14,281.14	29.32	.001	119.01	.04
MEDICAL	34	38	1,804.94	47.50	.000	53.09	.01
SURGERY	14	17	1,149.22	67.60	.000	82.09	.00
PATHOLOGY	38	158	2,187.37	13.84	.000	57.56	.01
RADIOLOGY	26	46	1,730.42	37.62	.000	66.55	.00
ROOM USE	76	100	4,069.50	40.70	.000	53.55	.01
CROSSOVERS/ALL OTH OUTPTNT	63	128	3,339.69	26.09	.000	53.01	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,467
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						

	353,534 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19,232	76,414	\$ 13,826,200.99	\$ 180.94	.216	\$ 718.92	\$ 39.11	
COMM HOSP INPATIENT TOTAL	2,394	9,438	12,031,076.88	1274.75	.027	5025.51	34.03	
HSC HOSPITALS	2,000	7,984	10,061,228.74	1260.17	.023	5030.61	28.46	
NON-HSC HOSPITALS TOTAL	402	1,421	1,965,427.52	1383.13	.004	4889.12	5.56	
ACCOMMODATIONS	402	1,421	598,725.56	421.34	.004	1489.37	1.69	
ADMINISTRATIVE DAYS	10	54	12,479.09	231.09	.000	1247.91	.04	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	393	1,367	586,246.47	428.86	.004	1491.72	1.66	
ANCILLARIES	402	0	1,366,701.96	.00	.000	3399.76	3.87	
INPATIENT CROSSOVERS	6	33	4,420.62	133.96	.000	736.77	.01	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	17,474	66,976	1,795,124.11	26.80	.189	102.73	5.08	
MEDICAL	5,162	7,182	269,110.82	37.47	.020	52.13	.76	
SURGERY	1,465	1,665	69,828.59	41.94	.005	47.66	.20	
PATHOLOGY	6,217	23,685	250,224.96	10.56	.067	40.25	.71	
RADIOLOGY	5,026	6,564	401,519.81	61.17	.019	79.89	1.14	
ROOM USE	10,418	12,970	513,470.31	39.59	.037	49.29	1.45	
CROSSOVERS/ALL OTH OUTPTNT	6,722	14,910	290,969.62	19.52	.042	43.29	.82	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	24	584	\$ 154,343.83	\$ 264.29	.002	\$ 6430.99	\$.44
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	151	100,010.95	662.32	.000	20002.19	.28
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	19	433	54,332.88	125.48	.001	2859.63	.15
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	92	4,418	\$ 250,061.11	\$ 56.60	.012	\$ 2718.06	\$.71
HOSPITAL BASED	7	190	94,597.88	497.88	.001	13513.98	.27
HEMODIALYSIS CENTER	85	4,228	155,463.23	36.77	.012	1828.98	.44
@REHABILITATION FACILITY	133	779	\$ 19,568.21	\$ 25.12	.002	\$ 147.13	\$.06
HOSPITAL BASED	90	311	10,429.93	33.54	.001	115.89	.03
INDEPENDENT FACILITY	44	468	9,138.28	19.53	.001	207.69	.03
@LABORATORY FACILITY	13,882	46,058	\$ 636,619.81	\$ 13.82	.130	\$ 45.86	\$ 1.80
PATHOLOGY	13,857	46,026	635,204.96	13.80	.130	45.84	1.80
XO AND OTHERS	31	32	1,414.85	44.21	.000	45.64	.00
@ORGANIZED OUTPATIENT CLINIC	41,198	70,635	\$ 6,323,964.08	\$ 89.53	.200	\$ 153.50	\$ 17.89
CLINIC	3,488	12,504	281,851.04	22.54	.035	80.81	.80
SURGICENTER	1,119	4,011	160,395.26	39.99	.011	143.34	.45
HEROIN DETOX CLINIC	3	33	370.29	11.22	.000	123.43	.00
RURAL HEALTH CLINIC	37,331	54,087	5,881,347.49	108.74	.153	157.55	16.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,468
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						

353,534 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15,791	107,410	\$ 1,062,420.69	\$ 9.89	.304	\$ 67.28	\$ 3.01
DURABLE MED. EQUIP.	296	890	106,376.62	119.52	.003	359.38	.30
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	42	127	14,175.38	111.62	.000	337.51	.04
MEDICAL TRANSPORTATION	1,416	21,916	360,656.35	16.46	.062	254.70	1.02
AMBULANCES/AIR TRANS	1,408	21,035	246,556.59	11.72	.059	175.11	.70
OTHER TRANS	4	811	2,149.75	2.65	.002	537.44	.01
OTHER SERVICES	62	70	111,950.01	1599.29	.000	1805.65	.32
ACUPUNCTURE	87	167	3,191.14	19.11	.000	36.68	.01
ADULT DAY HEALTH CARE CTR	2	3	219.18	73.06	.000	109.59	.00
GENETIC DISEASE TESTING	698	700	72,302.25	103.29	.002	103.58	.20
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3,528	8,107	87,432.04	10.78	.023	24.78	.25
PHYSICAL THERAPIST	2	7	325.27	46.47	.000	162.64	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	488	902	61,133.75	67.78	.003	125.27	.17
PROSTHETICS	264	632	43,674.62	69.11	.002	165.43	.12
ORTHOTICS	238	270	17,459.13	64.66	.001	73.36	.05
PSYCHOLOGIST	3	26	1,414.87	54.42	.000	471.62	.00
SPEECH AND AUDIOLOGY	134	325	18,352.03	56.47	.001	136.96	.05
HOSPICE SERVICES	1	4	477.56	119.39	.000	477.56	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9,071	32,271	313,526.79	9.72	.091	34.56	.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	248	41,965		22,837.46		.54	.119	92.09		.06
@CALIF. CHILDREN SERVICES*	1,595	14,023	\$	4,351,347.85	\$	310.30	.040	\$ 2728.12	\$	12.31
@XOVER EXCLUDING STATE HOSP**	506	7,218	\$	68,478.93	\$	9.49	.020	\$ 135.33	\$	.19

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,469
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 MERCED COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

						----- MONTHLY AVERAGE -----					
373,343 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER			
			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE			
@TOTAL, ALL PROVIDERS	155,611	1,036,207	\$	48,056,226.07	\$ 46.38	2.775	\$ 308.82	\$ 128.72			
@PHYSICIANS SERVICES	54,028	143,485	\$	6,047,590.55	\$ 42.15	.384	\$ 111.93	\$ 16.20			
OUTPATIENT VISITS	36,463	50,059		1,947,364.56	38.90	.134	53.41	5.22			
OFFICE VISITS	25,239	31,551		1,049,382.45	33.26	.085	41.58	2.81			
HOME VISITS	1	1		25.20	25.20	.000	25.20	.00			
EMERGENCY ROOM	8,285	9,106		461,820.53	50.72	.024	55.74	1.24			
PREVENTIVE CARE	15	15		570.58	38.04	.000	38.04	.00			
OB VISITS/COMPRI PERI	3,287	7,602		378,620.61	49.81	.020	115.19	1.01			
OTHER OUTPATIENT	1,624	1,784		56,945.19	31.92	.005	35.06	.15			
INPATIENT VISITS	2,860	10,758		702,958.12	65.34	.029	245.79	1.88			
HOSPITAL VISITS	2,708	8,377		361,574.09	43.16	.022	133.52	.97			
CRITICAL CARE	248	2,330		339,259.11	145.60	.006	1367.98	.91			
SNF/ICF/TRANS IP CARE	16	51		2,124.92	41.67	.000	132.81	.01			
OPHTHALMOLOGICAL SERVICES	696	786		34,541.28	43.95	.002	49.63	.09			
EXAMINATIONS	686	776		34,319.72	44.23	.002	50.03	.09			
SERVICES AND MATERIALS	10	10		221.56	22.16	.000	22.16	.00			
INPATIENT HOSPITAL SURGERY	2,664	9,463		1,293,624.41	136.70	.025	485.59	3.46			
PRINCIPAL SURGEON	1,984	2,410		1,061,481.25	440.45	.006	535.02	2.84			
ASSISTANT SURGEON	391	393		67,597.19	172.00	.001	172.88	.18			
ANESTHESIOLOGIST	781	6,660		164,545.97	24.71	.018	210.69	.44			
OUTPATIENT SURGERY	3,304	8,422		582,356.54	69.15	.023	176.26	1.56			
PRINCIPAL SURGEON	2,656	3,368		457,757.99	135.91	.009	172.35	1.23			
ASSISTANT SURGEON	46	46		4,997.94	108.65	.000	108.65	.01			
ANESTHESIOLOGIST	1,015	5,008		119,600.61	23.88	.013	117.83	.32			
DIALYSIS	96	167		23,700.55	141.92	.000	246.88	.06			
PATHOLOGY	5,755	11,488		78,638.42	6.85	.031	13.66	.21			
RADIOLOGY	11,770	18,066		612,030.09	33.88	.048	52.00	1.64			
PSYCHIATRY	0	0		.00	.00	.000	.00	.00			
IMMUNIZATION AND INJECTION	1,319	7,452		239,744.79	32.17	.020	181.76	.64			
OTHER SERVICES/ALL X-OVERS	9,874	26,824		532,631.79	19.86	.072	53.94	1.43			
@PHARMACY	84,793	363,198	\$	11,924,126.47	\$ 32.83	.973	\$ 140.63	\$ 31.94			
PRESCRIPTION DRUGS	83,679	231,519		11,417,596.62	49.32	.620	136.45	30.58			
SNF/ICF	411	2,557		144,952.37	56.69	.007	352.68	.39			
OUTPATIENTS	83,295	228,962		11,272,644.25	49.23	.613	135.33	30.19			
MEDICAL SUPPLIES	4,156	131,679		506,529.85	3.85	.353	121.88	1.36			
@DENTIST	16,248	89,937	\$	3,022,595.70	\$ 33.61	.241	\$ 186.03	\$ 8.10			
VISITS - DIAGNOSTIC	11,414	58,072		758,582.86	13.06	.156	66.46	2.03			
ORAL SURGERY	2,319	4,556		272,474.58	59.81	.012	117.50	.73			
DRUGS	273	512		8,670.00	16.93	.001	31.76	.02			
ANESTHESIA	210	216		21,000.00	97.22	.001	100.00	.06			
PERIODONTICS	930	961		104,096.30	108.32	.003	111.93	.28			
ENDODONTICS	1,586	2,978		411,711.20	138.25	.008	259.59	1.10			
RESTORATIVE DENTISTRY	5,987	19,168		1,172,674.80	61.18	.051	195.87	3.14			
PROSTHETICS	56	61		1,625.00	26.64	.000	29.02	.00			
DENTURES, STAYPLATES	355	1,228		111,332.95	90.66	.003	313.61	.30			
SPACE MAINTAINERS	138	162		17,613.00	108.72	.000	127.63	.05			
MAXILLOFACIAL SERVICES	330	339		35,175.43	103.76	.001	106.59	.09			
FRACTURES, DISLOCATIONS	2	2		800.00	400.00	.000	400.00	.00			

ORTHODONTIC SERVICES	1,100	1,342	103,782.50	77.33	.004	94.35	.28
ALL OTHER SERVICES	426	340	3,057.08	8.99	.001	7.18	.01

#CALIF DEPT OF HEALTH SERV MOP024
MERCED COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

PAGE 7,470
01/29/04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
373,343 ELIGIBLES							
@OPTOMETRIST	3,410	9,964	\$ 235,941.43	\$ 23.68	.027	\$ 69.19	\$.63
DIAGNOSTIC AND ANC. PROCED	1,912	1,924	88,125.61	45.80	.005	46.09	.24
EYE APPLIANCES	2,607	7,282	112,676.45	15.47	.020	43.22	.30
OTHER OPTOMETRIC SERVICES	664	758	35,139.37	46.36	.002	52.92	.09
@CHIROPRACTOR	543	888	\$ 14,649.92	\$ 16.50	.002	\$ 26.98	\$.04
VISITS	530	866	14,353.67	16.57	.002	27.08	.04
OTHER SERVICES	13	22	296.25	13.47	.000	22.79	.00
@PODIATRIST	302	448	\$ 6,213.48	\$ 13.87	.001	\$ 20.57	\$.02

MEDICINE/INJECTIONS	47	55		1,879.01	34.16	.000	39.98	.01
SURGERY/ANES.	6	8		886.89	110.86	.000	147.82	.00
RADIO./PATHOLOGY	3	5		86.50	17.30	.000	28.83	.00
OTHER	251	380		3,361.08	8.84	.001	13.39	.01
@HOME HEALTH AGENCY	181	1,525	\$	75,591.88	49.57	.004	417.63	.20
NURSE ANESTHESIST	18	140	\$	1,492.16	10.66	.000	82.90	.00
NURSE MIDWIFE	2	3	\$	181.44	60.48	.000	90.72	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	33	42	\$	1,541.17	36.69	.000	46.70	.00
@TOTAL HOSPITAL	21,084	88,348	\$	15,850,627.68	179.41	.237	751.78	42.46
HOSP INPATIENT TOTAL	2,724	11,762		13,834,010.33	1176.16	.032	5078.56	37.05
HSC HOSPITALS	2,149	9,191		11,524,385.41	1253.88	.025	5362.67	30.87
NON-HSC HOSPITAL TOTAL	430	1,609		2,169,462.89	1348.33	.004	5045.26	5.81
ACCOMMODATIONS	430	1,609		683,662.36	424.90	.004	1589.91	1.83
ADMINISTRATIVE DAYS	23	131		29,841.44	227.80	.000	1297.45	.08
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	408	1,478		653,820.92	442.37	.004	1602.50	1.75
ANCILLARIES	430	0		1,485,800.53	.00	.000	3455.35	3.98
INPATIENT CROSSOVERS	167	962		140,162.03	145.70	.003	839.29	.38
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19,073	76,586		2,016,617.35	26.33	.205	105.73	5.40
MEDICAL	5,425	7,730		289,135.51	37.40	.021	53.30	.77
SURGERY	1,553	1,764		74,953.31	42.49	.005	48.26	.20
PATHOLOGY	6,534	25,206		267,094.68	10.60	.068	40.88	.72
RADIOLOGY	5,312	7,139		442,805.96	62.03	.019	83.36	1.19
ROOM USE	10,783	13,521		537,747.62	39.77	.036	49.87	1.44
CROSSOVERS/ALL OTH OUTPTNT	7,899	21,226		404,880.27	19.07	.057	51.26	1.08
@COUNTY HOSPITAL TOTAL	184	955	\$	288,560.57	302.16	.003	1568.26	.77
CO HOSPITAL INPATIENT TOTAL	33	214		265,890.91	1242.48	.001	8057.30	.71
HSC HOSPITALS	31	192		240,311.23	1251.62	.001	7751.98	.64
NON-HSC HOSPITALS TOTAL	4	22		25,579.68	1162.71	.000	6394.92	.07
ACCOMMODATIONS	4	22		5,088.60	231.30	.000	1272.15	.01
ADMINISTRATIVE DAYS	3	8		1,850.40	231.30	.000	616.80	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	14		3,238.20	231.30	.000	3238.20	.01
ANCILLARIES	4	0		20,491.08	.00	.000	5122.77	.05
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	160	741		22,669.66	30.59	.002	141.69	.06
MEDICAL	53	95		3,998.73	42.09	.000	75.45	.01
SURGERY	15	19		1,310.74	68.99	.000	87.38	.00
PATHOLOGY	49	219		2,897.21	13.23	.001	59.13	.01
RADIOLOGY	38	64		3,571.67	55.81	.000	93.99	.01
ROOM USE	98	139		5,482.00	39.44	.000	55.94	.01
CROSSOVERS/ALL OTH OUTPTNT	83	205		5,409.31	26.39	.001	65.17	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE	7,471
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL							

						----- MONTHLY AVERAGE -----			
373,343 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	20,923	87,393	\$	15,562,067.11	\$ 178.07	.234	\$ 743.78	\$	41.68
COMM HOSP INPATIENT TOTAL	2,693	11,548		13,568,119.42	1174.93	.031	5038.29		36.34
HSC HOSPITALS	2,120	8,999		11,284,074.18	1253.93	.024	5322.68		30.22
NON-HSC HOSPITALS TOTAL	426	1,587		2,143,883.21	1350.90	.004	5032.59		5.74
ACCOMMODATIONS	426	1,587		678,573.76	427.58	.004	1592.90		1.82
ADMINISTRATIVE DAYS	20	123		27,991.04	227.57	.000	1399.55		.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	407	1,464		650,582.72	444.39	.004	1598.48		1.74
ANCILLARIES	426	0		1,465,309.45	.00	.000	3439.69		3.92

INPATIENT CROSSOVERS	167	962	140,162.03	145.70	.003	839.29	.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	18,930	75,845	1,993,947.69	26.29	.203	105.33	5.34
MEDICAL	5,374	7,635	285,136.78	37.35	.020	53.06	.76
SURGERY	1,538	1,745	73,642.57	42.20	.005	47.88	.20
PATHOLOGY	6,486	24,987	264,197.47	10.57	.067	40.73	.71
RADIOLOGY	5,278	7,075	439,234.29	62.08	.019	83.22	1.18
ROOM USE	10,695	13,382	532,265.62	39.77	.036	49.77	1.43
CROSSOVERS/ALL OTH OUTPTNT	7,819	21,021	399,470.96	19.00	.056	51.09	1.07
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	479	10,439	1,434,083.48	137.38	.028	2993.91	3.84
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	151	100,010.95	662.32	.000	20002.19	.27
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	474	10,288	1,334,072.53	129.67	.028	2814.50	3.57
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	422	6,900	495,616.09	71.83	.018	1174.45	1.33
HOSPITAL BASED	7	190	94,597.88	497.88	.001	13513.98	.25
HEMODIALYSIS CENTER	415	6,710	401,018.21	59.76	.018	966.31	1.07
@REHABILITATION FACILITY	142	954	23,491.30	24.62	.003	165.43	.06
HOSPITAL BASED	94	346	11,479.88	33.18	.001	122.13	.03
INDEPENDENT FACILITY	50	608	12,011.42	19.76	.002	240.23	.03
@LABORATORY FACILITY	14,585	49,628	675,982.99	13.62	.133	46.35	1.81
PATHOLOGY	14,476	49,466	673,428.89	13.61	.132	46.52	1.80
XO AND OTHERS	115	162	2,554.10	15.77	.000	22.21	.01
@ORGANIZED OUTPATIENT CLINIC	43,992	75,509	6,625,079.08	87.74	.202	150.60	17.75
CLINIC	3,535	12,610	283,738.54	22.50	.034	80.27	.76
SURGICENTER	1,360	4,373	175,091.83	40.04	.012	128.74	.47
HEROIN DETOX CLINIC	7	80	858.12	10.73	.000	122.59	.00
RURAL HEALTH CLINIC	39,901	58,446	6,165,390.59	105.49	.157	154.52	16.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,472
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL						

					----- MONTHLY AVERAGE -----		
373,343 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	18,253	194,799	\$ 1,621,421.25	\$ 8.32	.522	\$ 88.83	\$ 4.34
DURABLE MED. EQUIP.	411	1,176	147,020.16	125.02	.003	357.71	.39
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	181	336	71,751.62	213.55	.001	396.42	.19
MEDICAL TRANSPORTATION	1,857	52,861	510,436.05	9.66	.142	274.87	1.37
AMBULANCES/AIR TRANS	1,562	23,574	276,923.57	11.75	.063	177.29	.74
OTHER TRANS	266	28,873	108,580.32	3.76	.077	408.20	.29
OTHER SERVICES	104	414	124,932.16	301.77	.001	1201.27	.33
ACUPUNCTURE	96	200	3,776.40	18.88	.001	39.34	.01
ADULT DAY HEALTH CARE CTR	72	954	66,244.44	69.44	.003	920.06	.18
GENETIC DISEASE TESTING	699	701	72,407.25	103.29	.002	103.59	.19
IHMC,MODEL-NF,NF,AIDS,MSSP	143	546	50,820.50	93.08	.001	355.39	.14
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4,167	9,619	108,968.43	11.33	.026	26.15	.29
PHYSICAL THERAPIST	2	7	325.27	46.47	.000	162.64	.00
PORTABLE X-RAY	4	6	4.70	.78	.000	1.18	.00
PROSTHETIST/ORTHOTISTS	549	1,042	66,739.37	64.05	.003	121.57	.18

PROSTHETICS	323	770	49,164.24	63.85	.002	152.21	.13
ORTHOTICS	240	272	17,575.13	64.61	.001	73.23	.05
PSYCHOLOGIST	4	27	1,439.45	53.31	.000	359.86	.00
SPEECH AND AUDIOLOGY	169	386	23,794.41	61.64	.001	140.80	.06
HOSPICE SERVICES	34	820	86,195.67	105.12	.002	2535.17	.23
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9,118	32,780	316,561.11	9.66	.088	34.72	.85
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,288	93,338	94,936.42	1.02	.250	73.71	.25
@CALIF. CHILDREN SERVICES*	1,653	16,627	\$ 4,457,816.86	\$ 268.11	.045	\$ 2696.80	\$ 11.94
@XOVER EXCLUDING STATE HOSP**	5,272	43,180	\$ 813,936.67	\$ 18.85	.116	\$ 154.39	\$ 2.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	322	8,242	\$ 297,831.13	\$ 36.14	32.449	\$ 924.94	\$ 1172.56
@PHYSICIANS SERVICES	75	322	\$ 4,396.42	\$ 13.65	1.268	\$ 58.62	\$ 17.31
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	92.88	46.44	.008	46.44	.37
EXAMINATIONS	2	2	92.88	46.44	.008	46.44	.37
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	29.16	14.58	.008	29.16	.11
RADIOLOGY	3	4	28.40	7.10	.016	9.47	.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	70	314	4,245.98	13.52	1.236	60.66	16.72
@PHARMACY	176	1,303	\$ 59,136.62	\$ 45.38	5.130	\$ 336.00	\$ 232.82
PRESCRIPTION DRUGS	170	869	58,734.42	67.59	3.421	345.50	231.24
SNF/ICF	63	419	20,719.31	49.45	1.650	328.88	81.57
OUTPATIENTS	113	450	38,015.11	84.48	1.772	336.42	149.67
MEDICAL SUPPLIES	12	434	402.20	.93	1.709	33.52	1.58
@DENTIST	17	81	\$ 3,635.86	\$ 44.89	.319	\$ 213.87	\$ 14.31
VISITS - DIAGNOSTIC	14	42	561.49	13.37	.165	40.11	2.21
ORAL SURGERY	4	8	295.00	36.88	.031	73.75	1.16

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	.00	.00	.004	.00	.00
RESTORATIVE DENTISTRY	5	14	1,049.37	74.96	.055	209.87	4.13
PROSTHETICS	1	1	50.00	50.00	.004	50.00	.20
DENTURES, STAYPLATES	3	14	1,680.00	120.00	.055	560.00	6.61
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.004	.00	.00

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MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	10	\$ 189.52	\$ 18.95	.039	\$ 63.17	\$.75
DIAGNOSTIC AND ANC. PROCED	1	1	43.77	43.77	.004	43.77	.17
EYE APPLIANCES	3	9	145.75	16.19	.035	48.58	.57
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	8	\$ 24.36	\$ 3.05	.031	\$ 4.06	\$.10
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	8	24.36	3.05	.031	4.06	.10
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$ 27.50	\$ 27.50	.004	\$ 27.50	\$.11
@TOTAL HOSPITAL	29	168	\$ 2,321.48CR	\$ 13.82CR	.661	\$ 80.05CR	\$ 9.14CR
HOSP INPATIENT TOTAL	9	46	3,907.50CR	84.95CR	.181	434.17CR	15.38CR
HSC HOSPITALS	0	11CR	10,065.00CR	915.00	.043CR	.00	39.63CR
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	57	6,157.50	108.03	.224	684.17	24.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	20	122	1,586.02	13.00	.480	79.30	6.24
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	20.14	20.14	.004	20.14	.08
RADIOLOGY	1	1	24.25	24.25	.004	24.25	.10
ROOM USE	1	1	.00	.00	.004	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	17	119	1,541.63	12.95	.469	90.68	6.07
@COUNTY HOSPITAL TOTAL	0	11CR	\$ 10,065.00CR	\$ 915.00	.043CR	.00	\$ 39.63CR
CO HOSPITAL INPATIENT TOTAL	0	11CR	10,065.00CR	915.00	.043CR	.00	39.63CR
HSC HOSPITALS	0	11CR	10,065.00CR	915.00	.043CR	.00	39.63CR
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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254 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST MONTHLY AVERAGE COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	29	179	\$	7,743.52	\$ 43.26	.705	\$ 267.02	\$ 30.49
COMM HOSP INPATIENT TOTAL	9	57		6,157.50	108.03	.224	684.17	24.24
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	57		6,157.50	108.03	.224	684.17	24.24
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	20	122		1,586.02	13.00	.480	79.30	6.24
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		20.14	20.14	.004	20.14	.08
RADIOLOGY	1	1		24.25	24.25	.004	24.25	.10
ROOM USE	1	1		.00	.00	.004	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	17	119		1,541.63	12.95	.469	90.68	6.07
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	83	2,013	\$	212,284.73	\$ 105.46	7.925	\$ 2557.65	\$ 835.77
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	83	2,013		212,284.73	105.46	7.925	2557.65	835.77
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8	9	\$	3,221.49	\$ 357.94	.035	\$ 402.69	\$ 12.68
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8	9		3,221.49	357.94	.035	402.69	12.68
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	8	\$	18.18	\$ 2.27	.031	\$ 18.18	\$.07
PATHOLOGY	1	8		18.18	2.27	.031	18.18	.07
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	24	34	\$	2,254.25	\$ 66.30	.134	\$ 93.93	\$ 8.88
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	5	5		415.83	83.17	.020	83.17	1.64
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	19	29		1,838.42	63.39	.114	96.76	7.24

#CALIF DEPT OF HEALTH SERV MOP024
MERCED COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - SOC - AGED

AID CODE 17 1Y

PAGE 7,476
01/29/04

254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	53	4,285	\$ 14,963.68	\$ 3.49	16.870	\$ 282.33	\$ 58.91
DURABLE MED. EQUIP.	2	2	80.55	40.28	.008	40.28	.32
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	4	2,165.58	541.40	.016	721.86	8.53
MEDICAL TRANSPORTATION	19	4,162	9,954.36	2.39	16.386	523.91	39.19
AMBULANCES/AIR TRANS	8	138	1,418.84	10.28	.543	177.36	5.59
OTHER TRANS	10	4,016	8,505.48	2.12	15.811	850.55	33.49

OTHER SERVICES	2	8	30.04	3.76	.031	15.02	.12
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	24	285.23	11.88	.094	28.52	1.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5	205.34	41.07	.020	102.67	.81
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	88	2,272.62	25.83	.346	126.26	8.95
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	145	583	\$ 38,769.99	\$ 66.50	2.295	\$ 267.38	\$ 152.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,477
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	73	\$ 4,719.83	\$ 64.66	7.300 \$ 429.08 \$ 471.98
@PHYSICIANS SERVICES	2	4	\$ 185.78	\$ 46.45	.400 \$ 92.89 \$ 18.58
OUTPATIENT VISITS	0	0	.00	.00	.000 .00 .00
OFFICE VISITS	0	0	.00	.00	.000 .00 .00
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	0	0	.00	.00	.000 .00 .00
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000 .00 .00
OTHER OUTPATIENT	0	0	.00	.00	.000 .00 .00
INPATIENT VISITS	0	0	.00	.00	.000 .00 .00
HOSPITAL VISITS	0	0	.00	.00	.000 .00 .00
CRITICAL CARE	0	0	.00	.00	.000 .00 .00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00 .00
OPHTHALMOLOGICAL SERVICES	2	4	185.78	46.45	.400 92.89 18.58
EXAMINATIONS	2	4	185.78	46.45	.400 92.89 18.58
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000 .00 .00
PRINCIPAL SURGEON	0	0	.00	.00	.000 .00 .00
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	0	0	.00	.00	.000 .00 .00
OUTPATIENT SURGERY	0	0	.00	.00	.000 .00 .00
PRINCIPAL SURGEON	0	0	.00	.00	.000 .00 .00
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	0	0	.00	.00	.000 .00 .00
DIALYSIS	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
PSYCHIATRY	0	0	.00	.00	.000 .00 .00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	11	47	\$	3,673.49	\$	78.16	4.700	\$ 333.95	\$ 367.35
PRESCRIPTION DRUGS	11	47		3,673.49		78.16	4.700	333.95	367.35
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	11	47		3,673.49		78.16	4.700	333.95	367.35
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	5	\$ 62.96	\$ 12.59	.500	\$ 31.48	\$ 6.30
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.300	53.11	5.31
OTHER OPTOMETRIC SERVICES	1	2	9.85	4.93	.200	9.85	.99
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,479
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MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	7	\$	13.61	\$	1.94	.700	\$ 6.81	\$ 1.36
PATHOLOGY	2	7		13.61		1.94	.700	6.81	1.36
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	7	\$	750.74	\$	107.25	.700	\$ 150.15	\$ 75.07
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	5	7		750.74		107.25	.700	150.15	75.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
MERCED COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND								
	AID CODE 27								

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	3	\$ 33.25	\$ 11.08	.300	\$ 16.63 \$ 3.33
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00 .00
BLOOD BANK	0	0	.00	.00	.000	.00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00 .00
OTHER TRANS	0	0	.00	.00	.000	.00 .00
OTHER SERVICES	0	0	.00	.00	.000	.00 .00
ACUPUNCTURE	0	0	.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00 .00
OPTICIAN	2	3	33.25	11.08	.300	16.63 3.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00 .00
PORTABLE X-RAY	0	0	.00	.00	.000	.00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00 .00
PROSTHETICS	0	0	.00	.00	.000	.00 .00
ORTHOTICS	0	0	.00	.00	.000	.00 .00
PSYCHOLOGIST	0	0	.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00 .00
HOSPICE SERVICES	0	0	.00	.00	.000	.00 .00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00 .00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00 .00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00 .00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00 .00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00 .00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	1	2	\$ 9.85	\$ 4.93	.200	\$ 9.85 \$.99

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,481
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

149 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	199	2,400	\$ 176,543.30	\$ 73.56	16.107	\$ 887.15 \$ 1184.85
@PHYSICIANS SERVICES	79	652	\$ 20,409.41	\$ 31.30	4.376	\$ 258.35 \$ 136.98
OUTPATIENT VISITS	14	31	1,054.19	34.01	.208	75.30 7.08
OFFICE VISITS	7	16	317.97	19.87	.107	45.42 2.13
HOME VISITS	0	0	.00	.00	.000	.00 .00
EMERGENCY ROOM	8	10	550.46	55.05	.067	68.81 3.69
PREVENTIVE CARE	0	0	.00	.00	.000	.00 .00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00 .00
OTHER OUTPATIENT	3	5	185.76	37.15	.034	61.92 1.25
INPATIENT VISITS	10	83	2,984.72	35.96	.557	298.47 20.03
HOSPITAL VISITS	10	83	2,984.72	35.96	.557	298.47 20.03
CRITICAL CARE	0	0	.00	.00	.000	.00 .00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00 .00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00 .00
EXAMINATIONS	0	0	.00	.00	.000	.00 .00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00 .00
INPATIENT HOSPITAL SURGERY	5	27	1,143.49	42.35	.181	228.70 7.67
PRINCIPAL SURGEON	4	4	766.20	191.55	.027	191.55 5.14

ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	2	23		377.29		.154	188.65	2.53
OUTPATIENT SURGERY	6	10		432.98		.067	72.16	2.91
PRINCIPAL SURGEON	5	7		327.62		.047	65.52	2.20
ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	1	3		105.36		.020	105.36	.71
DIALYSIS	0	0		.00		.000	.00	.00
PATHOLOGY	4	17		167.19		.114	41.80	1.12
RADIOLOGY	22	80		4,763.74		.537	216.53	31.97
PSYCHIATRY	0	0		.00		.000	.00	.00
IMMUNIZATION AND INJECTION	4	234		7,383.18		1.570	1845.80	49.55
OTHER SERVICES/ALL X-OVERS	52	170		2,479.92		1.141	47.69	16.64
@PHARMACY	109	1,079	\$	63,903.82	\$	7.242	586.27	428.88
PRESCRIPTION DRUGS	103	503		59,497.36		3.376	577.64	399.31
SNF/ICF	2	12		1,092.89		.081	546.45	7.33
OUTPATIENTS	102	491		58,404.47		3.295	572.59	391.98
MEDICAL SUPPLIES	14	576		4,406.46		3.866	314.75	29.57
@DENTIST	6	27	\$	1,138.00	\$	.181	189.67	7.64
VISITS - DIAGNOSTIC	5	16		40.00		.107	8.00	.27
ORAL SURGERY	2	9		726.00		.060	363.00	4.87
DRUGS	0	0		.00		.000	.00	.00
ANESTHESIA	0	0		.00		.000	.00	.00
PERIODONTICS	0	0		.00		.000	.00	.00
ENDODONTICS	0	0		.00		.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.000	.00	.00
PROSTHETICS	0	0		.00		.000	.00	.00
DENTURES, STAYPLATES	1	2		372.00		.013	372.00	2.50
SPACE MAINTAINERS	0	0		.00		.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.000	.00	.00
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MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y							

149 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	10	\$ 201.38	\$ 20.14	.067	\$ 40.28	\$ 1.35
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.013	47.45	.64
EYE APPLIANCES	2	6	106.22	17.70	.040	53.11	.71
OTHER OPTOMETRIC SERVICES	1	2	.26	.13	.013	.26	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2	\$ 1.41	\$.71	.013	\$ 1.41	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	1.41	.71	.013	1.41	.01
@HOME HEALTH AGENCY	5	24	\$ 1,730.63	\$ 72.11	.161	\$ 346.13	\$ 11.61
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	39	425	\$ 80,506.50	\$ 189.43	2.852	\$ 2064.27	\$ 540.31
HOSP INPATIENT TOTAL	8	76	70,135.61	922.84	.510	8766.95	470.71
HSC HOSPITALS	6	58	69,036.91	1190.29	.389	11506.15	463.33
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	18	1,098.70	61.04	.121	549.35	7.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	33	349	10,370.89	29.72	2.342	314.27	69.60
MEDICAL	12	24	819.20	34.13	.161	68.27	5.50
SURGERY	2	2	88.88	44.44	.013	44.44	.60
PATHOLOGY	14	89	776.46	8.72	.597	55.46	5.21
RADIOLOGY	14	107	6,540.76	61.13	.718	467.20	43.90
ROOM USE	15	24	941.03	39.21	.161	62.74	6.32
CROSSOVERS/ALL OTH OUTPTNT	17	103	1,204.56	11.69	.691	70.86	8.08
@COUNTY HOSPITAL TOTAL	4	30	\$ 28,506.70	\$ 950.22	.201	\$ 7126.68	\$ 191.32
CO HOSPITAL INPATIENT TOTAL	1	21	28,392.00	1352.00	.141	28392.00	190.55
HSC HOSPITALS	1	21	28,392.00	1352.00	.141	28392.00	190.55
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	9	114.70	12.74	.060	38.23	.77
MEDICAL	3	5	56.03	11.21	.034	18.68	.38
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	15.23	7.62	.013	15.23	.10
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.69	35.69	.007	35.69	.24
CROSSOVERS/ALL OTH OUTPTNT	1	1	7.75	7.75	.007	7.75	.05

#CALIF DEPT OF HEALTH SERV MOP024
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - SOC - DISABLED

AID CODES 65 67 6W 6Y

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149 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	395	\$ 51,999.80	\$ 131.65	2.651	\$ 1485.71	\$ 348.99
COMM HOSP INPATIENT TOTAL	7	55	41,743.61	758.97	.369	5963.37	280.16
HSC HOSPITALS	5	37	40,644.91	1098.51	.248	8128.98	272.78
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	18	1,098.70	61.04	.121	549.35	7.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	30	340	10,256.19	30.17	2.282	341.87	68.83
MEDICAL	9	19	763.17	40.17	.128	84.80	5.12
SURGERY	2	2	88.88	44.44	.013	44.44	.60
PATHOLOGY	13	87	761.23	8.75	.584	58.56	5.11
RADIOLOGY	14	107	6,540.76	61.13	.718	467.20	43.90
ROOM USE	14	23	905.34	39.36	.154	64.67	6.08
CROSSOVERS/ALL OTH OUTPTNT	16	102	1,196.81	11.73	.685	74.80	8.03
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$ 858.00	\$.00	.000	\$ 858.00	\$ 5.76
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	858.00	.00	.000	858.00	5.76
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	0	\$ 1,375.41	\$.00	.000	\$ 687.71	\$ 9.23
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	0	1,375.41	.00	.000	687.71	9.23
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	13	55	\$ 902.62	\$ 16.41	.369	\$ 69.43	\$ 6.06
PATHOLOGY	12	54	899.19	16.65	.362	74.93	6.03
XO AND OTHERS	1	1	3.43	3.43	.007	3.43	.02
@ORGANIZED OUTPATIENT CLINIC	21	40	\$ 4,114.16	\$ 102.85	.268	\$ 195.91	\$ 27.61
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	1	77.46	77.46	.007	77.46	.52
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	21	39	4,036.70	103.51	.262	192.22	27.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
MERCED COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y						

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149 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21	86	\$ 1,401.96	\$ 16.30	.577	\$ 66.76	\$ 9.41
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	64	1,068.59	16.70	.430	133.57	7.17
AMBULANCES/AIR TRANS	6	50	1,004.83	20.10	.336	167.47	6.74
OTHER TRANS	2	14	63.76	4.55	.094	31.88	.43
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	9	92.58	10.29	.060	23.15	.62
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	3.86	3.86	.007	3.86	.03
PROSTHETICS	1	1	3.86	3.86	.007	3.86	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	12	236.93	19.74	.081	29.62	1.59
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	58	747	\$ 8,151.73	\$ 10.91	5.013	\$ 140.55	\$ 54.71

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

682 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	742	5,894	\$ 424,666.62	\$ 72.05	8.642	\$	572.33	\$ 622.68
@PHYSICIANS SERVICES	339	1,678	\$ 69,300.28	\$ 41.30	2.460	\$	204.43	\$ 101.61
OUTPATIENT VISITS	159	255	10,280.26	40.31	.374		64.66	15.07
OFFICE VISITS	96	174	5,427.72	31.19	.255		56.54	7.96
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	62	69	4,228.62	61.28	.101		68.20	6.20
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	6	10	563.68	56.37	.015		93.95	.83

OTHER OUTPATIENT	2	2		60.24	30.12	.003	30.12	.09
INPATIENT VISITS	46	158		7,649.87	48.42	.232	166.30	11.22
HOSPITAL VISITS	45	146		6,281.87	43.03	.214	139.60	9.21
CRITICAL CARE	6	12		1,368.00	114.00	.018	228.00	2.01
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	6		268.68	44.78	.009	53.74	.39
EXAMINATIONS	5	6		268.68	44.78	.009	53.74	.39
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	42	186		12,186.13	65.52	.273	290.15	17.87
PRINCIPAL SURGEON	28	31		8,455.57	272.76	.045	301.98	12.40
ASSISTANT SURGEON	5	5		731.78	146.36	.007	146.36	1.07
ANESTHESIOLOGIST	13	150		2,998.78	19.99	.220	230.68	4.40
OUTPATIENT SURGERY	52	158		11,832.11	74.89	.232	227.54	17.35
PRINCIPAL SURGEON	47	111		10,827.08	97.54	.163	230.36	15.88
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	47		1,005.03	21.38	.069	100.50	1.47
DIALYSIS	2	2		297.20	148.60	.003	148.60	.44
PATHOLOGY	46	87		790.64	9.09	.128	17.19	1.16
RADIOLOGY	119	255		10,678.72	41.88	.374	89.74	15.66
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	185		1,718.29	9.29	.271	132.18	2.52
OTHER SERVICES/ALL X-OVERS	83	386		13,598.38	35.23	.566	163.84	19.94
@PHARMACY	282	1,504	\$	88,450.06	\$ 58.81	2.205	\$ 313.65	\$ 129.69
PRESCRIPTION DRUGS	277	954		84,804.42	88.89	1.399	306.15	124.35
SNF/ICF	1	6		208.37	34.73	.009	208.37	.31
OUTPATIENTS	276	948		84,596.05	89.24	1.390	306.51	124.04
MEDICAL SUPPLIES	28	550		3,645.64	6.63	.806	130.20	5.35
@DENTIST	84	382	\$	14,180.66	\$ 37.12	.560	\$ 168.82	\$ 20.79
VISITS - DIAGNOSTIC	52	210		1,618.65	7.71	.308	31.13	2.37
ORAL SURGERY	12	41		2,131.26	51.98	.060	177.61	3.13
DRUGS	2	6		90.00	15.00	.009	45.00	.13
ANESTHESIA	2	2		100.00	50.00	.003	50.00	.15
PERIODONTICS	11	11		558.00	50.73	.016	50.73	.82
ENDODONTICS	9	14		1,482.00	105.86	.021	164.67	2.17
RESTORATIVE DENTISTRY	36	90		6,855.75	76.18	.132	190.44	10.05
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	4		1,345.00	336.25	.006	448.33	1.97
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		.00	.00	.001	.00	.00
ALL OTHER SERVICES	3	3		.00	.00	.004	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

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682 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	16	50	\$ 1,180.91	\$ 23.62	.073	\$ 73.81	\$ 1.73
DIAGNOSTIC AND ANC. PROCED	8	8	354.74	44.34	.012	44.34	.52
EYE APPLIANCES	13	39	628.87	16.12	.057	48.37	.92
OTHER OPTOMETRIC SERVICES	3	3	197.30	65.77	.004	65.77	.29
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	12	\$ 88.78	\$ 7.40	.018	\$ 17.76	\$.13
MEDICINE/INJECTIONS	1	1	.00	.00	.001	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	11	88.78	8.07	.016	22.20	.13

@HOME HEALTH AGENCY	1	7	\$	524.02	\$	74.86	.010	\$	524.02	\$	.77
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	162	923	\$	201,146.71	\$	217.93	1.353	\$	1241.65	\$	294.94	
HOSP INPATIENT TOTAL	45	152		178,143.96		1172.00	.223		3958.75		261.21	
HSC HOSPITALS	35	124		136,540.04		1101.13	.182		3901.14		200.21	
NON-HSC HOSPITAL TOTAL	9	22		40,763.92		1852.91	.032		4529.32		59.77	
ACCOMMODATIONS	9	22		7,646.87		347.59	.032		849.65		11.21	
ADMINISTRATIVE DAYS	1	6		1,381.74		230.29	.009		1381.74		2.03	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	8	16		6,265.13		391.57	.023		783.14		9.19	
ANCILLARIES	9	0		33,117.05		.00	.000		3679.67		48.56	
INPATIENT CROSSOVERS	1	6		840.00		140.00	.009		840.00		1.23	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
HOSP OUTPATIENT TOTAL	126	771		23,002.75		29.83	1.130		182.56		33.73	
MEDICAL	40	77		5,428.40		70.50	.113		135.71		7.96	
SURGERY	12	14		721.13		51.51	.021		60.09		1.06	
PATHOLOGY	58	316		3,106.17		9.83	.463		53.55		4.55	
RADIOLOGY	50	84		7,316.56		87.10	.123		146.33		10.73	
ROOM USE	58	85		2,805.83		33.01	.125		48.38		4.11	
CROSSOVERS/ALL OTH OUTPTNT	58	195		3,624.66		18.59	.286		62.49		5.31	
@COUNTY HOSPITAL TOTAL	6	83	\$	18,358.10	\$	221.18	.122	\$	3059.68	\$	26.92	
CO HOSPITAL INPATIENT TOTAL	4	15		17,164.05		1144.27	.022		4291.01		25.17	
HSC HOSPITALS	4	15		17,164.05		1144.27	.022		4291.01		25.17	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	0	0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	4	68		1,194.05		17.56	.100		298.51		1.75	
MEDICAL	3	13		398.30		30.64	.019		132.77		.58	
SURGERY	0	0		.00		.00	.000		.00		.00	
PATHOLOGY	4	26		199.59		7.68	.038		49.90		.29	
RADIOLOGY	1	1CR		.60		.60CR	.001CR		.60		.00	
ROOM USE	3	9		256.80		28.53	.013		85.60		.38	
CROSSOVERS/ALL OTH OUTPTNT	4	21		338.76		16.13	.031		84.69		.50	
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MERCED COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37											

	682 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	157		840	\$ 182,788.61	\$ 217.61	1.232	\$ 1164.26	\$ 268.02
COMM HOSP INPATIENT TOTAL	41		137	160,979.91	1175.04	.201	3926.34	236.04
HSC HOSPITALS	31		109	119,375.99	1095.19	.160	3850.84	175.04
NON-HSC HOSPITALS TOTAL	9		22	40,763.92	1852.91	.032	4529.32	59.77
ACCOMMODATIONS	9		22	7,646.87	347.59	.032	849.65	11.21
ADMINISTRATIVE DAYS	1		6	1,381.74	230.29	.009	1381.74	2.03
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8		16	6,265.13	391.57	.023	783.14	9.19
ANCILLARIES	9		0	33,117.05	.00	.000	3679.67	48.56
INPATIENT CROSSOVERS	1		6	840.00	140.00	.009	840.00	1.23
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	123		703	21,808.70	31.02	1.031	177.31	31.98
MEDICAL	37		64	5,030.10	78.60	.094	135.95	7.38

SURGERY	12	14		721.13		51.51	.021	60.09	1.06
PATHOLOGY	55	290		2,906.58		10.02	.425	52.85	4.26
RADIOLOGY	50	85		7,315.96		86.07	.125	146.32	10.73
ROOM USE	56	76		2,549.03		33.54	.111	45.52	3.74
CROSSOVERS/ALL OTH OUTPTNT	54	174		3,285.90		18.88	.255	60.85	4.82
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	3	0	\$	417.74	\$	.00	.000	139.25	.61
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	3	0		417.74		.00	.000	139.25	.61
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	54	\$	1,502.34	\$	27.82	.079	1502.34	2.20
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	1	54		1,502.34		27.82	.079	1502.34	2.20
@REHABILITATION FACILITY	1	2	\$	74.08	\$	37.04	.003	74.08	.11
HOSPITAL BASED	1	2		74.08		37.04	.003	74.08	.11
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	73	264	\$	3,766.94	\$	14.27	.387	51.60	5.52
PATHOLOGY	73	264		3,766.94		14.27	.387	51.60	5.52
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	150	250	\$	24,816.89	\$	99.27	.367	165.45	36.39
CLINIC	6	19		788.95		41.52	.028	131.49	1.16
SURGICENTER	14	19		703.81		37.04	.028	50.27	1.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	137	212		23,324.13		110.02	.311	170.25	34.20
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682 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	91	768	\$ 19,217.21	\$ 25.02	1.126	\$ 211.18	\$ 28.18
DURABLE MED. EQUIP.	1	2	96.47	48.24	.003	96.47	.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	791.55	791.55	.001	791.55	1.16
MEDICAL TRANSPORTATION	40	514	15,648.78	30.45	.754	391.22	22.95
AMBULANCES/AIR TRANS	40	509	7,548.78	14.83	.746	188.72	11.07
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	5	8,100.00	1620.00	.007	1620.00	11.88
ACUPUNCTURE	2	6	108.13	18.02	.009	54.07	.16
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	21	49	520.95	10.63	.072	24.81	.76
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	962.92	240.73	.006	481.46	1.41
PROSTHETICS	2	4	962.92	240.73	.006	481.46	1.41
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	28	286.43	10.23	.041	26.04	.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	163	696.98	4.28	.239	58.08	1.02
@CALIF. CHILDREN SERVICES*	13	45	\$ 5,719.30	\$ 127.10	.066	\$ 439.95	\$ 8.39
@XOVER EXCLUDING STATE HOSP**	26	369	\$ 3,655.75	\$ 9.91	.541	\$ 140.61	\$ 5.36

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,489
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1,095 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,274	16,609	\$ 903,760.88	\$ 54.41	15.168	\$ 709.39	\$ 825.35
@PHYSICIANS SERVICES	495	2,656	\$ 94,291.89	\$ 35.50	2.426	\$ 190.49	\$ 86.11
OUTPATIENT VISITS	173	286	11,334.45	39.63	.261	65.52	10.35
OFFICE VISITS	103	190	5,745.69	30.24	.174	55.78	5.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	70	79	4,779.08	60.49	.072	68.27	4.36
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	10	563.68	56.37	.009	93.95	.51
OTHER OUTPATIENT	5	7	246.00	35.14	.006	49.20	.22
INPATIENT VISITS	56	241	10,634.59	44.13	.220	189.90	9.71
HOSPITAL VISITS	55	229	9,266.59	40.47	.209	168.48	8.46
CRITICAL CARE	6	12	1,368.00	114.00	.011	228.00	1.25
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	12	547.34	45.61	.011	60.82	.50
EXAMINATIONS	9	12	547.34	45.61	.011	60.82	.50
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	47	213	13,329.62	62.58	.195	283.61	12.17
PRINCIPAL SURGEON	32	35	9,221.77	263.48	.032	288.18	8.42
ASSISTANT SURGEON	5	5	731.78	146.36	.005	146.36	.67
ANESTHESIOLOGIST	15	173	3,376.07	19.51	.158	225.07	3.08
OUTPATIENT SURGERY	58	168	12,265.09	73.01	.153	211.47	11.20
PRINCIPAL SURGEON	52	118	11,154.70	94.53	.108	214.51	10.19
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	50	1,110.39	22.21	.046	100.94	1.01
DIALYSIS	2	2	297.20	148.60	.002	148.60	.27
PATHOLOGY	51	106	986.99	9.31	.097	19.35	.90
RADIOLOGY	144	339	15,470.86	45.64	.310	107.44	14.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	419	9,101.47	21.72	.383	535.38	8.31
OTHER SERVICES/ALL X-OVERS	205	870	20,324.28	23.36	.795	99.14	18.56
@PHARMACY	578	3,933	\$ 215,163.99	\$ 54.71	3.592	\$ 372.26	\$ 196.50
PRESCRIPTION DRUGS	561	2,373	206,709.69	87.11	2.167	368.47	188.78
SNF/ICF	66	437	22,020.57	50.39	.399	333.65	20.11
OUTPATIENTS	502	1,936	184,689.12	95.40	1.768	367.91	168.67
MEDICAL SUPPLIES	54	1,560	8,454.30	5.42	1.425	156.56	7.72
@DENTIST	107	490	\$ 18,954.52	\$ 38.68	.447	\$ 177.15	\$ 17.31
VISITS - DIAGNOSTIC	71	268	2,220.14	8.28	.245	31.27	2.03
ORAL SURGERY	18	58	3,152.26	54.35	.053	175.13	2.88
DRUGS	2	6	90.00	15.00	.005	45.00	.08
ANESTHESIA	2	2	100.00	50.00	.002	50.00	.09
PERIODONTICS	11	11	558.00	50.73	.010	50.73	.51
ENDODONTICS	10	15	1,482.00	98.80	.014	148.20	1.35

RESTORATIVE DENTISTRY	41	104	7,905.12	76.01	.095	192.81	7.22
PROSTHETICS	1	1	50.00	50.00	.001	50.00	.05
DENTURES, STAYPLATES	7	20	3,397.00	169.85	.018	485.29	3.10
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.001	.00	.00
ALL OTHER SERVICES	4	4	.00	.00	.004	.00	.00
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MERCED COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL						
----- MONTHLY AVERAGE -----							
1,095 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	26	75 \$	1,634.77	\$ 21.80	.068	\$ 62.88	\$ 1.49
DIAGNOSTIC AND ANC. PROCED	11	11	493.41	44.86	.010	44.86	.45

EYE APPLIANCES	19	57		933.95	16.39	.052	49.16	.85
OTHER OPTOMETRIC SERVICES	5	7		207.41	29.63	.006	41.48	.19
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	12	22	\$	114.55	5.21	.020	9.55	.10
MEDICINE/INJECTIONS	1	1		.00	.00	.001	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	11	21		114.55	5.45	.019	10.41	.10
@HOME HEALTH AGENCY	6	31	\$	2,254.65	72.73	.028	375.78	2.06
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$	27.50	27.50	.001	27.50	.03
@TOTAL HOSPITAL	230	1,516	\$	279,331.73	184.26	1.384	1214.49	255.10
HOSP INPATIENT TOTAL	62	274		244,372.07	891.87	.250	3941.49	223.17
HSC HOSPITALS	41	171		195,511.95	1143.34	.156	4768.58	178.55
NON-HSC HOSPITAL TOTAL	9	22		40,763.92	1852.91	.020	4529.32	37.23
ACCOMMODATIONS	9	22		7,646.87	347.59	.020	849.65	6.98
ADMINISTRATIVE DAYS	1	6		1,381.74	230.29	.005	1381.74	1.26
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	16		6,265.13	391.57	.015	783.14	5.72
ANCILLARIES	9	0		33,117.05	.00	.000	3679.67	30.24
INPATIENT CROSSOVERS	12	81		8,096.20	99.95	.074	674.68	7.39
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	179	1,242		34,959.66	28.15	1.134	195.31	31.93
MEDICAL	52	101		6,247.60	61.86	.092	120.15	5.71
SURGERY	14	16		810.01	50.63	.015	57.86	.74
PATHOLOGY	73	406		3,902.77	9.61	.371	53.46	3.56
RADIOLOGY	65	192		13,881.57	72.30	.175	213.56	12.68
ROOM USE	74	110		3,746.86	34.06	.100	50.63	3.42
CROSSOVERS/ALL OTH OUTPTNT	92	417		6,370.85	15.28	.381	69.25	5.82
@COUNTY HOSPITAL TOTAL	10	102	\$	36,799.80	360.78	.093	3679.98	33.61
CO HOSPITAL INPATIENT TOTAL	5	25		35,491.05	1419.64	.023	7098.21	32.41
HSC HOSPITALS	5	25		35,491.05	1419.64	.023	7098.21	32.41
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	77		1,308.75	17.00	.070	186.96	1.20
MEDICAL	6	18		454.33	25.24	.016	75.72	.41
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	28		214.82	7.67	.026	42.96	.20
RADIOLOGY	1	1CR		.60	.60CR	.001CR	.60	.00
ROOM USE	4	10		292.49	29.25	.009	73.12	.27
CROSSOVERS/ALL OTH OUTPTNT	5	22		346.51	15.75	.020	69.30	.32

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	1,095 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	221		1,414	\$ 242,531.93	\$ 171.52	1.291	\$ 1097.43	\$ 221.49
COMM HOSP INPATIENT TOTAL	57		249	208,881.02	838.88	.227	3664.58	190.76
HSC HOSPITALS	36		146	160,020.90	1096.03	.133	4445.03	146.14

NON-HSC HOSPITALS TOTAL	9	22		40,763.92	1852.91	.020	4529.32	37.23
ACCOMMODATIONS	9	22		7,646.87	347.59	.020	849.65	6.98
ADMINISTRATIVE DAYS	1	6		1,381.74	230.29	.005	1381.74	1.26
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	16		6,265.13	391.57	.015	783.14	5.72
ANCILLARIES	9	0		33,117.05	.00	.000	3679.67	30.24
INPATIENT CROSSOVERS	12	81		8,096.20	99.95	.074	674.68	7.39
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	173	1,165		33,650.91	28.88	1.064	194.51	30.73
MEDICAL	46	83		5,793.27	69.80	.076	125.94	5.29
SURGERY	14	16		810.01	50.63	.015	57.86	.74
PATHOLOGY	69	378		3,687.95	9.76	.345	53.45	3.37
RADIOLOGY	65	193		13,880.97	71.92	.176	213.55	12.68
ROOM USE	71	100		3,454.37	34.54	.091	48.65	3.15
CROSSOVERS/ALL OTH OUTPTNT	87	395		6,024.34	15.25	.361	69.25	5.50
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	87	2,013	\$	213,560.47	\$ 106.09	1.838	\$ 2454.72	\$ 195.03
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	87	2,013		213,560.47	106.09	1.838	2454.72	195.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	11	63	\$	6,099.24	\$ 96.81	.058	\$ 554.48	\$ 5.57
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	11	63		6,099.24	96.81	.058	554.48	5.57
@REHABILITATION FACILITY	1	2	\$	74.08	\$ 37.04	.002	\$ 74.08	\$.07
HOSPITAL BASED	1	2		74.08	37.04	.002	74.08	.07
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	89	334	\$	4,701.35	\$ 14.08	.305	\$ 52.82	\$ 4.29
PATHOLOGY	88	333		4,697.92	14.11	.304	53.39	4.29
XO AND OTHERS	1	1		3.43	3.43	.001	3.43	.00
@ORGANIZED OUTPATIENT CLINIC	200	331	\$	31,936.04	\$ 96.48	.302	\$ 159.68	\$ 29.17
CLINIC	6	19		788.95	41.52	.017	131.49	.72
SURGICENTER	20	25		1,197.10	47.88	.023	59.86	1.09
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	182	287		29,949.99	104.36	.262	164.56	27.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
MERCED COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

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				----- MONTHLY AVERAGE -----				
1,095 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	167	5,142	\$ 35,616.10	\$ 6.93	4.696	\$ 213.27	\$ 32.53	
DURABLE MED. EQUIP.	3	4	177.02	44.26	.004	59.01	.16	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	4	5	2,957.13	591.43	.005	739.28	2.70	
MEDICAL TRANSPORTATION	67	4,740	26,671.73	5.63	4.329	398.09	24.36	
AMBULANCES/AIR TRANS	54	697	9,972.45	14.31	.637	184.68	9.11	
OTHER TRANS	12	4,030	8,569.24	2.13	3.680	714.10	7.83	
OTHER SERVICES	7	13	8,130.04	625.39	.012	1161.43	7.42	
ACUPUNCTURE	2	6	108.13	18.02	.005	54.07	.10	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.10	

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	37	85	932.01	10.96	.078	25.19	.85
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	5	966.78	193.36	.005	322.26	.88
PROSTHETICS	3	5	966.78	193.36	.005	322.26	.88
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5	205.34	41.07	.005	102.67	.19
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	28	286.43	10.23	.026	26.04	.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	263	3,206.53	12.19	.240	84.38	2.93
@CALIF. CHILDREN SERVICES*	13	45	\$ 5,719.30	\$ 127.10	.041	\$ 439.95	\$ 5.22
@XOVER EXCLUDING STATE HOSP**	230	1,701	\$ 50,587.32	\$ 29.74	1.553	\$ 219.94	\$ 46.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,493
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4,262 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,194	199,925	\$ 12,371,540.20	\$ 61.88	46.909	\$ 2949.82	\$ 2902.75
@PHYSICIANS SERVICES	571	2,025	\$ 19,782.87	\$ 9.77	.475	\$ 34.65	\$ 4.64
OUTPATIENT VISITS	4	4	202.15	50.54	.001	50.54	.05
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	202.15	50.54	.001	50.54	.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	13	34	1,193.86	35.11	.008	91.84	.28
HOSPITAL VISITS	6	21	904.76	43.08	.005	150.79	.21
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	8	13	289.10	22.24	.003	36.14	.07
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.01
EXAMINATIONS	1	1	46.44	46.44	.000	46.44	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	242.00	242.00	.000	242.00	.06
PRINCIPAL SURGEON	1	1	242.00	242.00	.000	242.00	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	7	19	332.14	17.48	.004	47.45	.08
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	554	1,966	17,766.28	9.04	.461	32.07	4.17
@PHARMACY	3,625	46,703	\$ 1,140,653.87	\$ 24.42	10.958	\$ 314.66	\$ 267.63
PRESCRIPTION DRUGS	3,604	22,718	1,125,357.41	49.54	5.330	312.25	264.04

SNF/ICF	3,492	21,770	1,099,632.87	50.51	5.108	314.90	258.01
OUTPATIENTS	216	948	25,724.54	27.14	.222	119.10	6.04
MEDICAL SUPPLIES	202	23,985	15,296.46	.64	5.628	75.73	3.59
@DENTIST	138	405	14,446.09	35.67	.095	104.68	3.39
VISITS - DIAGNOSTIC	120	324	4,692.00	14.48	.076	39.10	1.10
ORAL SURGERY	7	25	1,128.00	45.12	.006	161.14	.26
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	7	719.00	102.71	.002	359.50	.17
ENDODONTICS	1	1	330.00	330.00	.000	330.00	.08
RESTORATIVE DENTISTRY	3	9	844.00	93.78	.002	281.33	.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	20	38	6,607.00	173.87	.009	330.35	1.55
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	126.09	126.09	.000	126.09	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

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4,262 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	53	141	\$ 2,376.58	\$ 16.86	.033	\$ 44.84	\$.56
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.01
EYE APPLIANCES	46	129	2,205.24	17.09	.030	47.94	.52
OTHER OPTOMETRIC SERVICES	7	11	123.89	11.26	.003	17.70	.03
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	370	498	\$ 1,963.79	\$ 3.94	.117	\$ 5.31	\$.46
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	370	498	1,963.79	3.94	.117	5.31	.46
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	1	1	27.50	27.50	.000	27.50	.01
FAMILY NURSE PRACTITIONER	15	15	387.85	25.86	.004	25.86	.09
@TOTAL HOSPITAL	206	1,698	\$ 95,316.67	\$ 56.13	.398	\$ 462.70	\$ 22.36
HOSP INPATIENT TOTAL	77	658	81,234.84	123.46	.154	1055.00	19.06
HSC HOSPITALS	3	15	17,100.00	1140.00	.004	5700.00	4.01
NON-HSC HOSPITAL TOTAL	1	3	2,048.52	682.84	.001	2048.52	.48
ACCOMMODATIONS	1	3	690.87	230.29	.001	690.87	.16
ADMINISTRATIVE DAYS	1	3	690.87	230.29	.001	690.87	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	1,357.65	.00	.000	1357.65	.32
INPATIENT CROSSOVERS	73	640	62,086.32	97.01	.150	850.50	14.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	132	1,040	14,081.83	13.54	.244	106.68	3.30
MEDICAL	3	4	122.31	30.58	.001	40.77	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	28	207.86	7.42	.007	69.29	.05
RADIOLOGY	2	4	61.51	15.38	.001	30.76	.01
ROOM USE	2	2	65.94	32.97	.000	32.97	.02
CROSSOVERS/ALL OTH OUTPTNT	130	1,002	13,624.21	13.60	.235	104.80	3.20
@COUNTY HOSPITAL TOTAL	2	5	\$ 13.81	\$ 2.76	.001	\$ 6.91	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	13.81	2.76	.001	6.91	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

4,262 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	204	1,693	\$ 95,302.86	\$ 56.29	.397		\$ 467.17	\$ 22.36
COMM HOSP INPATIENT TOTAL	77	658	81,234.84	123.46	.154		1055.00	19.06
HSC HOSPITALS	3	15	17,100.00	1140.00	.004		5700.00	4.01
NON-HSC HOSPITALS TOTAL	1	3	2,048.52	682.84	.001		2048.52	.48
ACCOMMODATIONS	1	3	690.87	230.29	.001		690.87	.16
ADMINISTRATIVE DAYS	1	3	690.87	230.29	.001		690.87	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	1	0	1,357.65	.00	.000		1357.65	.32
INPATIENT CROSSOVERS	73	640	62,086.32	97.01	.150		850.50	14.57
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	130	1,035	14,068.02	13.59	.243		108.22	3.30
MEDICAL	3	4	122.31	30.58	.001		40.77	.03
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	3	28	207.86	7.42	.007		69.29	.05
RADIOLOGY	2	4	61.51	15.38	.001		30.76	.01
ROOM USE	2	2	65.94	32.97	.000		32.97	.02
CROSSOVERS/ALL OTH OUTPTNT	128	997	13,610.40	13.65	.234		106.33	3.19
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	3,623	110,270	\$ 10,611,428.16	\$ 96.23	25.873		\$ 2928.91	\$ 2489.78
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	3,623	110,270	10,611,428.16	96.23	25.873		2928.91	2489.78
@INTERMEDIATE CARE FACIL.-DD	51	1,955	\$ 323,906.72	\$ 165.68	.459		\$ 6351.11	\$ 76.00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	51	1,955	323,906.72	165.68	.459		6351.11	76.00
@HEMODIALYSIS TOTAL	25	31	\$ 11,580.11	\$ 373.55	.007		\$ 463.20	\$ 2.72
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	25	31	11,580.11	373.55	.007		463.20	2.72
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	20	53	\$ 441.60	\$ 8.33	.012		\$ 22.08	\$.10
PATHOLOGY	7	30	168.89	5.63	.007		24.13	.04
XO AND OTHERS	13	23	272.71	11.86	.005		20.98	.06
@ORGANIZED OUTPATIENT CLINIC	365	755	\$ 19,851.75	\$ 26.29	.177		\$ 54.39	\$ 4.66
CLINIC	0	0	.00	.00	.000		.00	.00
SURGICENTER	6	6	426.83	71.14	.001		71.14	.10
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	359	749	19,424.92	25.93	.176		54.11	4.56

4,262 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	632	35,375	\$ 129,376.64	\$ 3.66	8.300		\$ 204.71	\$ 30.36

DURABLE MED. EQUIP.	47	977	41,284.41	42.26	.229	878.39	9.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	38	53	16,951.17	319.83	.012	446.08	3.98
MEDICAL TRANSPORTATION	368	5,763	42,563.01	7.39	1.352	115.66	9.99
AMBULANCES/AIR TRANS	98	808	13,443.34	16.64	.190	137.18	3.15
OTHER TRANS	235	4,053	26,692.23	6.59	.951	113.58	6.26
OTHER SERVICES	64	902	2,427.44	2.69	.212	37.93	.57
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	58	118	1,700.17	14.41	.028	29.31	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	21	47	248.50	5.29	.011	11.83	.06
PROSTHETIST/ORTHOTISTS	8	12	306.12	25.51	.003	38.27	.07
PROSTHETICS	8	12	306.12	25.51	.003	38.27	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	65.09	32.55	.000	32.55	.02
SPEECH AND AUDIOLOGY	13	22	2,390.49	108.66	.005	183.88	.56
HOSPICE SERVICES	8	123	12,695.29	103.21	.029	1586.91	2.98
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	139	28,258	11,172.39	.40	6.630	80.38	2.62
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1,587	37,288	\$ 379,362.77	\$ 10.17	8.749	\$ 239.04	\$ 89.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,497
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	99	14,240	\$ 357,477.34	\$ 25.10	148.333	\$ 3610.88	\$ 3723.72
@PHYSICIANS SERVICES	22	67	\$ 450.87	\$ 6.73	.698	\$ 20.49	\$ 4.70
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	22	67		450.87		6.73	.698	20.49	4.70
@PHARMACY	86	8,669	\$	29,031.25	\$	3.35	90.302	\$ 337.57	\$ 302.41
PRESCRIPTION DRUGS	83	436		26,687.62		61.21	4.542	321.54	278.00
SNF/ICF	79	424		26,354.84		62.16	4.417	333.61	274.53
OUTPATIENTS	5	12		332.78		27.73	.125	66.56	3.47
MEDICAL SUPPLIES	16	8,233		2,343.63		.28	85.760	146.48	24.41
@DENTIST	6	17	\$	1,093.00	\$	64.29	.177	\$ 182.17	\$ 11.39
VISITS - DIAGNOSTIC	4	4		70.00		17.50	.042	17.50	.73
ORAL SURGERY	2	12		973.00		81.08	.125	486.50	10.14
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		50.00		50.00	.010	50.00	.52
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,498
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	7	9	\$ 22.99	\$ 2.55	.094	\$ 3.28	\$.24
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	7	9	22.99	2.55	.094	3.28	.24
@HOME HEALTH AGENCY	0	0	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$ 28.13	\$ 14.07	.021	\$ 14.07	\$.29
@TOTAL HOSPITAL	8	73	\$ 1,428.51	\$ 19.57	.760	\$ 178.56	\$ 14.88
HOSP INPATIENT TOTAL	1	15	812.00	54.13	.156	812.00	8.46
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	1	15	812.00	54.13	.156	812.00	8.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	58	616.51	10.63	.604	88.07	6.42
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	7	58	616.51	10.63	.604	88.07	6.42
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,499
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND						AID CODE 23

96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	73	\$ 1,428.51	\$ 19.57	.760	\$ 178.56	\$ 14.88
COMM HOSP INPATIENT TOTAL	1	15	812.00	54.13	.156	812.00	8.46
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	15	812.00	54.13	.156	812.00	8.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	58	616.51	10.63	.604	88.07	6.42
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	7	58	616.51	10.63	.604	88.07	6.42
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	84	2,630	\$ 277,018.97	\$ 105.33	27.396	\$ 3297.84	\$ 2885.61
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	84	2,630		277,018.97		105.33	27.396	3297.84	2885.61
@INTERMEDIATE CARE FACIL.-DD	9	256	\$	34,106.52	\$	133.23	2.667	\$ 3789.61	\$ 355.28
ICF DDH	9	256		34,106.52		133.23	2.667	3789.61	355.28
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	12	\$	5,107.42	\$	425.62	.125	\$ 510.74	\$ 53.20
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	10	12		5,107.42		425.62	.125	510.74	53.20
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	.97	\$	.97	.010	\$.97	\$.01
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	1	1		.97		.97	.010	.97	.01
@ORGANIZED OUTPATIENT CLINIC	16	31	\$	727.72	\$	23.47	.323	\$ 45.48	\$ 7.58
CLINIC	0	0		.00		.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	16	31	727.72	23.47	.323	45.48	7.58

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,500
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	20	2,473	\$ 8,460.99	\$ 3.42	25.760	\$ 423.05	\$ 88.14
DURABLE MED. EQUIP.	1	9	478.82	53.20	.094	478.82	4.99
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	18	867	7,423.91	8.56	9.031	412.44	77.33
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	17	865	7,403.17	8.56	9.010	435.48	77.12
OTHER SERVICES	1	2	20.74	10.37	.021	20.74	.22
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	1,597	558.26	.35	16.635	111.65	5.82
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	43	8,063	\$ 13,234.68	\$ 1.64	83.990	\$ 307.78	\$ 137.86

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,501
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

756 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	755	48,515	\$ 2,867,119.56	\$ 59.10	64.173	\$ 3797.51	\$ 3792.49
@PHYSICIANS SERVICES	168	523	\$ 8,895.12	\$ 17.01	.692	\$ 52.95	\$ 11.77
OUTPATIENT VISITS	20	23	1,064.11	46.27	.030	53.21	1.41
OFFICE VISITS	12	15	489.59	32.64	.020	40.80	.65
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	8	574.52	71.82	.011	71.82	.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	64	121	3,600.83	29.76	.160	56.26	4.76
HOSPITAL VISITS	7	43	1,345.08	31.28	.057	192.15	1.78
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	58	78		2,255.75		28.92	.103	38.89	2.98
OPHTHALMOLOGICAL SERVICES	3	3		111.45		37.15	.004	37.15	.15
EXAMINATIONS	3	3		111.45		37.15	.004	37.15	.15
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	23		959.19		41.70	.030	319.73	1.27
PRINCIPAL SURGEON	2	8		828.82		103.60	.011	414.41	1.10
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	15		130.37		8.69	.020	130.37	.17
OUTPATIENT SURGERY	2	2		145.35		72.68	.003	72.68	.19
PRINCIPAL SURGEON	2	2		145.35		72.68	.003	72.68	.19
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	9	46		271.59		5.90	.061	30.18	.36
RADIOLOGY	9	54		589.43		10.92	.071	65.49	.78
PSYCHIATRY	5	5		116.10		23.22	.007	23.22	.15
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	91	246		2,037.07		8.28	.325	22.39	2.69
@PHARMACY	635	14,758	\$	250,123.81	\$	16.95	19.521	\$ 393.90	\$ 330.85
PRESCRIPTION DRUGS	625	3,502		241,780.03		69.04	4.632	386.85	319.81
SNF/ICF	576	3,148		220,670.95		70.10	4.164	383.11	291.89
OUTPATIENTS	73	354		21,109.08		59.63	.468	289.17	27.92
MEDICAL SUPPLIES	103	11,256		8,343.78		.74	14.889	81.01	11.04
@DENTIST	33	229	\$	7,673.76	\$	33.51	.303	\$ 232.54	\$ 10.15
VISITS - DIAGNOSTIC	31	177		1,957.00		11.06	.234	63.13	2.59
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	10	17		2,718.00		159.88	.022	271.80	3.60
ENDODONTICS	1	3		645.00		215.00	.004	645.00	.85
RESTORATIVE DENTISTRY	3	22		1,009.00		45.86	.029	336.33	1.33
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		280.00		140.00	.003	280.00	.37
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	8	8		1,064.76		133.10	.011	133.10	1.41
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
MERCED COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63								

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01/29/04

756 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	37	\$ 705.10	\$ 19.06	.049	\$ 50.36	\$.93
DIAGNOSTIC AND ANC. PROCED	3	3	96.50	32.17	.004	32.17	.13
EYE APPLIANCES	11	31	531.89	17.16	.041	48.35	.70
OTHER OPTOMETRIC SERVICES	2	3	76.71	25.57	.004	38.36	.10
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	37	53	\$ 308.06	\$ 5.81	.070	\$ 8.33	\$.41
MEDICINE/INJECTIONS	2	2	30.80	15.40	.003	15.40	.04
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	35	51	277.26	5.44	.067	7.92	.37
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00

FAMILY NURSE PRACTITIONER	10	10	\$	335.44	\$	33.54	.013	\$	33.54	\$	.44
@TOTAL HOSPITAL	56	489	\$	86,605.19	\$	177.11	.647	\$	1546.52	\$	114.56
HOSP INPATIENT TOTAL	12	190		82,477.48		434.09	.251		6873.12		109.10
HSC HOSPITALS	3	47		48,600.00		1034.04	.062		16200.00		64.29
NON-HSC HOSPITAL TOTAL	1	52		16,752.66		322.17	.069		16752.66		22.16
ACCOMMODATIONS	1	52		12,027.60		231.30	.069		12027.60		15.91
ADMINISTRATIVE DAYS	1	52		12,027.60		231.30	.069		12027.60		15.91
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		4,725.06		.00	.000		4725.06		6.25
INPATIENT CROSSOVERS	8	91		17,124.82		188.18	.120		2140.60		22.65
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	44	299		4,127.71		13.81	.396		93.81		5.46
MEDICAL	4	4		72.41		18.10	.005		18.10		.10
SURGERY	3	3		92.36		30.79	.004		30.79		.12
PATHOLOGY	6	25		325.03		13.00	.033		54.17		.43
RADIOLOGY	5	5		245.89		49.18	.007		49.18		.33
ROOM USE	17	18		613.61		34.09	.024		36.09		.81
CROSSOVERS/ALL OTH OUTPTNT	31	244		2,778.41		11.39	.323		89.63		3.68
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,503
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

756 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	56	489	\$ 86,605.19	\$ 177.11	.647	\$ 1546.52	\$ 114.56
COMM HOSP INPATIENT TOTAL	12	190	82,477.48	434.09	.251	6873.12	109.10
HSC HOSPITALS	3	47	48,600.00	1034.04	.062	16200.00	64.29
NON-HSC HOSPITALS TOTAL	1	52	16,752.66	322.17	.069	16752.66	22.16
ACCOMMODATIONS	1	52	12,027.60	231.30	.069	12027.60	15.91
ADMINISTRATIVE DAYS	1	52	12,027.60	231.30	.069	12027.60	15.91
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	4,725.06	.00	.000	4725.06	6.25
INPATIENT CROSSOVERS	8	91	17,124.82	188.18	.120	2140.60	22.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	44	299	4,127.71	13.81	.396	93.81	5.46
MEDICAL	4	4	72.41	18.10	.005	18.10	.10
SURGERY	3	3	92.36	30.79	.004	30.79	.12
PATHOLOGY	6	25	325.03	13.00	.033	54.17	.43
RADIOLOGY	5	5	245.89	49.18	.007	49.18	.33
ROOM USE	17	18	613.61	34.09	.024	36.09	.81

CROSSOVERS/ALL OTH OUTPTNT	31	244		2,778.41		11.39	.323	89.63	3.68
@STATE HOSPITAL	12	346	\$	135,907.28	\$	392.80	.458	\$ 11325.61	\$ 179.77
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	12	346		135,907.28		392.80	.458	11325.61	179.77
@NURSING FACILITY	433	13,010	\$	1,409,587.99	\$	108.35	17.209	\$ 3255.40	\$ 1864.53
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	21	678		66,615.00		98.25	.897	3172.14	88.12
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	10	320		132,732.75		414.79	.423	13273.28	175.57
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	402	12,012		1,210,240.24		100.75	15.889	3010.55	1600.85
@INTERMEDIATE CARE FACIL.-DD	173	5,871	\$	916,265.79	\$	156.07	7.766	\$ 5296.33	\$ 1211.99
ICF DDH	70	2,255		308,456.85		136.79	2.983	4406.53	408.01
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	103	3,616		607,808.94		168.09	4.783	5901.06	803.98
@HEMODIALYSIS TOTAL	3	4	\$	720.85	\$	180.21	.005	\$ 240.28	\$.95
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	3	4		720.85		180.21	.005	240.28	.95
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	34	127	\$	1,539.29	\$	12.12	.168	\$ 45.27	\$ 2.04
PATHOLOGY	34	127		1,539.29		12.12	.168	45.27	2.04
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	93	163	\$	6,207.19	\$	38.08	.216	\$ 66.74	\$ 8.21
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	8	13		305.25		23.48	.017	38.16	.40
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	86	150		5,901.94		39.35	.198	68.63	7.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 7,504
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63								

756 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	159	12,895	\$ 42,244.69	\$ 3.28	17.057	\$ 265.69	\$ 55.88
DURABLE MED. EQUIP.	22	101	17,240.10	170.69	.134	783.64	22.80
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	58	920	8,043.38	8.74	1.217	138.68	10.64
AMBULANCES/AIR TRANS	21	477	4,766.64	9.99	.631	226.98	6.31
OTHER TRANS	30	375	1,710.27	4.56	.496	57.01	2.26
OTHER SERVICES	10	68	1,566.47	23.04	.090	156.65	2.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	36	418.66	11.63	.048	24.63	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	10	26	269.30	10.36	.034	26.93	.36
PROSTHETIST/ORTHOTISTS	3	6	361.26	60.21	.008	120.42	.48
PROSTHETICS	3	6	361.26	60.21	.008	120.42	.48
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	25.75	12.88	.003	12.88	.03
HOSPICE SERVICES	4	93	9,786.11	105.23	.123	2446.53	12.94
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	56	11,711	6,100.13	.52	15.491	108.93	8.07
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	204	2,477	\$ 43,689.08	\$ 17.64	3.276	\$ 214.16	\$ 57.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,505
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 MERCED COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,506
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

					----- MONTHLY AVERAGE -----				
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
MERCED COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 7,508
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,509
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL		

5,114 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,048	262,680	\$ 15,596,137.10	\$ 59.37	51.365	\$ 3089.57	\$ 3049.69
@PHYSICIANS SERVICES	761	2,615	\$ 29,128.86	\$ 11.14	.511	\$ 38.28	\$ 5.70
OUTPATIENT VISITS	24	27	1,266.26	46.90	.005	52.76	.25
OFFICE VISITS	12	15	489.59	32.64	.003	40.80	.10
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	12	12	776.67	64.72	.002	64.72	.15
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	77	155	4,794.69	30.93	.030	62.27	.94
HOSPITAL VISITS	13	64	2,249.84	35.15	.013	173.06	.44
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	66	91	2,544.85	27.97	.018	38.56	.50
OPHTHALMOLOGICAL SERVICES	4	4	157.89	39.47	.001	39.47	.03
EXAMINATIONS	4	4	157.89	39.47	.001	39.47	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	24	1,201.19	50.05	.005	300.30	.23
PRINCIPAL SURGEON	3	9	1,070.82	118.98	.002	356.94	.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	15	130.37	8.69	.003	130.37	.03
OUTPATIENT SURGERY	2	2	145.35	72.68	.000	72.68	.03
PRINCIPAL SURGEON	2	2	145.35	72.68	.000	72.68	.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	46	271.59	5.90	.009	30.18	.05
RADIOLOGY	16	73	921.57	12.62	.014	57.60	.18
PSYCHIATRY	5	5	116.10	23.22	.001	23.22	.02
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	667	2,279	20,254.22	8.89	.446	30.37	3.96
@PHARMACY	4,346	70,130	\$ 1,419,808.93	\$ 20.25	13.713	\$ 326.69	\$ 277.63
PRESCRIPTION DRUGS	4,312	26,656	1,393,825.06	52.29	5.212	323.24	272.55
SNF/ICF	4,147	25,342	1,346,658.66	53.14	4.955	324.73	263.33
OUTPATIENTS	294	1,314	47,166.40	35.90	.257	160.43	9.22
MEDICAL SUPPLIES	321	43,474	25,983.87	.60	8.501	80.95	5.08
@DENTIST	177	651	\$ 23,212.85	\$ 35.66	.127	\$ 131.15	\$ 4.54

VISITS - DIAGNOSTIC	155	505	6,719.00	13.30	.099	43.35	1.31
ORAL SURGERY	9	37	2,101.00	56.78	.007	233.44	.41
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	12	24	3,437.00	143.21	.005	286.42	.67
ENDODONTICS	2	4	975.00	243.75	.001	487.50	.19
RESTORATIVE DENTISTRY	6	31	1,853.00	59.77	.006	308.83	.36
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	22	41	6,937.00	169.20	.008	315.32	1.36
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	9	9	1,190.85	132.32	.002	132.32	.23
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,510
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MERCED COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

5,114 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	67	178	\$ 3,081.68	\$ 17.31	.035	\$ 46.00	\$.60
DIAGNOSTIC AND ANC. PROCED	4	4	143.95	35.99	.001	35.99	.03
EYE APPLIANCES	57	160	2,737.13	17.11	.031	48.02	.54
OTHER OPTOMETRIC SERVICES	9	14	200.60	14.33	.003	22.29	.04
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	414	560	\$ 2,294.84	\$ 4.10	.110	\$ 5.54	\$.45
MEDICINE/INJECTIONS	2	2	30.80	15.40	.000	15.40	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	412	558	2,264.04	4.06	.109	5.50	.44
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 27.50	\$ 27.50	.000	\$ 27.50	\$.01
FAMILY NURSE PRACTITIONER	27	27	\$ 751.42	\$ 27.83	.005	\$ 27.83	\$.15
@TOTAL HOSPITAL	270	2,260	\$ 183,350.37	\$ 81.13	.442	\$ 679.08	\$ 35.85
HOSP INPATIENT TOTAL	90	863	164,524.32	190.64	.169	1828.05	32.17
HSC HOSPITALS	6	62	65,700.00	1059.68	.012	10950.00	12.85
NON-HSC HOSPITAL TOTAL	2	55	18,801.18	341.84	.011	9400.59	3.68
ACCOMMODATIONS	2	55	12,718.47	231.24	.011	6359.24	2.49
ADMINISTRATIVE DAYS	2	55	12,718.47	231.24	.011	6359.24	2.49
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	2	0	6,082.71	.00	.000	3041.36	1.19
INPATIENT CROSSOVERS	82	746	80,023.14	107.27	.146	975.89	15.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	183	1,397	18,826.05	13.48	.273	102.87	3.68
MEDICAL	7	8	194.72	24.34	.002	27.82	.04
SURGERY	3	3	92.36	30.79	.001	30.79	.02
PATHOLOGY	9	53	532.89	10.05	.010	59.21	.10
RADIOLOGY	7	9	307.40	34.16	.002	43.91	.06
ROOM USE	19	20	679.55	33.98	.004	35.77	.13
CROSSOVERS/ALL OTH OUTPTNT	168	1,304	17,019.13	13.05	.255	101.30	3.33
@COUNTY HOSPITAL TOTAL	2	5	\$ 13.81	\$ 2.76	.001	\$ 6.91	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	13.81	2.76	.001	6.91	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	5	13.81	2.76	.001	6.91	.00

5,114 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	268	2,255	\$ 183,336.56	\$ 81.30	.441	\$ 684.09	\$ 35.85
COMM HOSP INPATIENT TOTAL	90	863	164,524.32	190.64	.169	1828.05	32.17
HSC HOSPITALS	6	62	65,700.00	1059.68	.012	10950.00	12.85
NON-HSC HOSPITALS TOTAL	2	55	18,801.18	341.84	.011	9400.59	3.68
ACCOMMODATIONS	2	55	12,718.47	231.24	.011	6359.24	2.49
ADMINISTRATIVE DAYS	2	55	12,718.47	231.24	.011	6359.24	2.49
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	2	0	6,082.71	.00	.000	3041.36	1.19
INPATIENT CROSSOVERS	82	746	80,023.14	107.27	.146	975.89	15.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	181	1,392	18,812.24	13.51	.272	103.94	3.68
MEDICAL	7	8	194.72	24.34	.002	27.82	.04
SURGERY	3	3	92.36	30.79	.001	30.79	.02
PATHOLOGY	9	53	532.89	10.05	.010	59.21	.10
RADIOLOGY	7	9	307.40	34.16	.002	43.91	.06
ROOM USE	19	20	679.55	33.98	.004	35.77	.13
CROSSOVERS/ALL OTH OUTPTNT	166	1,299	17,005.32	13.09	.254	102.44	3.33
@STATE HOSPITAL	12	346	\$ 135,907.28	\$ 392.80	.068	\$ 11325.61	\$ 26.58
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	346	135,907.28	392.80	.068	11325.61	26.58
@NURSING FACILITY	4,140	125,910	\$ 12,298,035.12	\$ 97.67	24.621	\$ 2970.54	\$ 2404.78
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	21	678	66,615.00	98.25	.133	3172.14	13.03
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	10	320	132,732.75	414.79	.063	13273.28	25.95
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4,109	124,912	12,098,687.37	96.86	24.425	2944.44	2365.80
@INTERMEDIATE CARE FACIL.-DD	233	8,082	\$ 1,274,279.03	\$ 157.67	1.580	\$ 5469.01	\$ 249.17
ICF DDH	79	2,511	342,563.37	136.43	.491	4336.25	66.99
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	154	5,571	931,715.66	167.24	1.089	6050.10	182.19
@HEMODIALYSIS TOTAL	38	47	\$ 17,408.38	\$ 370.39	.009	\$ 458.12	\$ 3.40
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	38	47	17,408.38	370.39	.009	458.12	3.40
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	55	181	\$ 1,981.86	\$ 10.95	.035	\$ 36.03	\$.39
PATHOLOGY	41	157	1,708.18	10.88	.031	41.66	.33
XO AND OTHERS	14	24	273.68	11.40	.005	19.55	.05
@ORGANIZED OUTPATIENT CLINIC	474	949	\$ 26,786.66	\$ 28.23	.186	\$ 56.51	\$ 5.24
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	14	19	732.08	38.53	.004	52.29	.14
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	461	930	26,054.58	28.02	.182	56.52	5.09

#CALIF DEPT OF HEALTH SERV MOP024
MERCED COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

PAGE 7,512
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5,114 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	811	50,743	\$ 180,082.32	\$ 3.55	9.922	\$ 222.05	\$ 35.21
DURABLE MED. EQUIP.	70	1,087	59,003.33	54.28	.213	842.90	11.54
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	38	53	16,951.17	319.83	.010	446.08	3.31
MEDICAL TRANSPORTATION	444	7,550	58,030.30	7.69	1.476	130.70	11.35

AMBULANCES/AIR TRANS	119	1,285	18,209.98	14.17	.251	153.03	3.56
OTHER TRANS	282	5,293	35,805.67	6.76	1.035	126.97	7.00
OTHER SERVICES	75	972	4,014.65	4.13	.190	53.53	.79
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	75	154	2,118.83	13.76	.030	28.25	.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	31	73	517.80	7.09	.014	16.70	.10
PROSTHETIST/ORTHOTISTS	11	18	667.38	37.08	.004	60.67	.13
PROSTHETICS	11	18	667.38	37.08	.004	60.67	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	65.09	32.55	.000	32.55	.01
SPEECH AND AUDIOLOGY	15	24	2,416.24	100.68	.005	161.08	.47
HOSPICE SERVICES	12	216	22,481.40	104.08	.042	1873.45	4.40
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	200	41,566	17,830.78	.43	8.128	89.15	3.49
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1,834	47,828	436,286.53	9.12	9.352	237.89	85.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,513
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	17,118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,336	362,621	\$	17,414,743.18	\$ 48.02	21.184	\$ 1214.76	\$ 1017.34
@PHYSICIANS SERVICES	3,341	11,913	\$	232,384.04	\$ 19.51	.696	\$ 69.56	\$ 13.58
OUTPATIENT VISITS	404	564		23,285.97	41.29	.033	57.64	1.36
OFFICE VISITS	339	467		17,154.94	36.73	.027	50.60	1.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	77	89		5,881.27	66.08	.005	76.38	.34
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	8		249.76	31.22	.000	31.22	.01
INPATIENT VISITS	66	434		16,617.69	38.29	.025	251.78	.97
HOSPITAL VISITS	58	374		10,913.69	29.18	.022	188.17	.64
CRITICAL CARE	5	46		5,342.80	116.15	.003	1068.56	.31
SNF/ICF/TRANS IP CARE	9	14		361.20	25.80	.001	40.13	.02
OPHTHALMOLOGICAL SERVICES	58	64		2,918.11	45.60	.004	50.31	.17
EXAMINATIONS	58	64		2,918.11	45.60	.004	50.31	.17
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	32	124		13,054.77	105.28	.007	407.96	.76
PRINCIPAL SURGEON	22	34		10,792.40	317.42	.002	490.56	.63
ASSISTANT SURGEON	4	4		392.05	98.01	.000	98.01	.02
ANESTHESIOLOGIST	7	86		1,870.32	21.75	.005	267.19	.11
OUTPATIENT SURGERY	63	159		21,763.32	136.88	.009	345.45	1.27
PRINCIPAL SURGEON	52	77		19,499.19	253.24	.004	374.98	1.14
ASSISTANT SURGEON	4	4		331.73	82.93	.000	82.93	.02
ANESTHESIOLOGIST	14	78		1,932.40	24.77	.005	138.03	.11
DIALYSIS	1	7		829.84	118.55	.000	829.84	.05
PATHOLOGY	130	241		1,929.58	8.01	.014	14.84	.11

RADIOLOGY	239	483		18,056.86		37.38	.028	75.55	1.05
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	21	54		7,009.82		129.81	.003	333.80	.41
OTHER SERVICES/ALL X-OVERS	2,813	9,783		126,918.08		12.97	.572	45.12	7.41
@PHARMACY	11,986	117,859	\$	3,516,664.19	\$	29.84	6.885	293.40	205.44
PRESCRIPTION DRUGS	11,870	58,016		3,448,888.29		59.45	3.389	290.56	201.48
SNF/ICF	3,846	23,959		1,222,098.55		51.01	1.400	317.76	71.39
OUTPATIENTS	8,157	34,057		2,226,789.74		65.38	1.990	272.99	130.08
MEDICAL SUPPLIES	894	59,843		67,775.90		1.13	3.496	75.81	3.96
@DENTIST	720	2,925	\$	136,143.05	\$	46.54	.171	189.09	7.95
VISITS - DIAGNOSTIC	474	1,735		21,264.27		12.26	.101	44.86	1.24
ORAL SURGERY	110	329		16,751.00		50.91	.019	152.28	.98
DRUGS	1	6		90.00		15.00	.000	90.00	.01
ANESTHESIA	7	8		800.00		100.00	.000	114.29	.05
PERIODONTICS	63	70		7,249.00		103.56	.004	115.06	.42
ENDODONTICS	39	53		12,080.00		227.92	.003	309.74	.71
RESTORATIVE DENTISTRY	158	377		33,606.37		89.14	.022	212.70	1.96
PROSTHETICS	8	10		385.00		38.50	.001	48.13	.02
DENTURES, STAYPLATES	123	330		43,791.32		132.70	.019	356.03	2.56
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		126.09		126.09	.000	126.09	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	16	6		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 7,514
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED								

17,118 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	371	1,012	\$	19,683.22	\$ 19.45	.059	\$ 53.05	\$ 1.15
DIAGNOSTIC AND ANC. PROCED	55	58		2,636.84	45.46	.003	47.94	.15
EYE APPLIANCES	280	793		14,206.19	17.91	.046	50.74	.83
OTHER OPTOMETRIC SERVICES	99	161		2,840.19	17.64	.009	28.69	.17
@CHIROPRACTOR	9	20	\$	334.40	\$ 16.72	.001	\$ 37.16	\$.02
VISITS	5	14		234.08	16.72	.001	46.82	.01
OTHER SERVICES	4	6		100.32	16.72	.000	25.08	.01
@PODIATRIST	557	762	\$	4,100.44	\$ 5.38	.045	\$ 7.36	\$.24
MEDICINE/INJECTIONS	3	3		135.80	45.27	.000	45.27	.01
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	554	759		3,964.64	5.22	.044	7.16	.23
@HOME HEALTH AGENCY	2	15	\$	1,058.92	\$ 70.59	.001	\$ 529.46	\$.06
NURSE ANESTHESIST	10	76	\$	832.66	\$ 10.96	.004	\$ 83.27	\$.05
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	27.50	\$ 27.50	.000	\$ 27.50	\$.00
FAMILY NURSE PRACTITIONER	19	19	\$	473.11	\$ 24.90	.001	\$ 24.90	\$.03
@TOTAL HOSPITAL	1,157	7,315	\$	603,631.63	\$ 82.52	.427	\$ 521.72	\$ 35.26
HOSP INPATIENT TOTAL	240	1,645		491,599.20	298.84	.096	2048.33	28.72
HSC HOSPITALS	27	165		219,509.69	1330.36	.010	8129.99	12.82
NON-HSC HOSPITAL TOTAL	11	83		101,051.53	1217.49	.005	9186.50	5.90
ACCOMMODATIONS	11	83		52,265.85	629.71	.005	4751.44	3.05
ADMINISTRATIVE DAYS	4	14		3,044.98	217.50	.001	761.25	.18
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	69		49,220.87	713.35	.004	7031.55	2.88
ANCILLARIES	11	0		48,785.68	.00	.000	4435.06	2.85
INPATIENT CROSSOVERS	204	1,397		171,037.98	122.43	.082	838.42	9.99
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	944	5,670		112,032.43	19.76	.331	118.68	6.54
MEDICAL	90	132		4,458.97	33.78	.008	49.54	.26

SURGERY	25	28	1,595.06	56.97	.002	63.80	.09
PATHOLOGY	112	531	5,692.32	10.72	.031	50.82	.33
RADIOLOGY	117	162	10,878.35	67.15	.009	92.98	.64
ROOM USE	104	140	6,838.27	48.84	.008	65.75	.40
CROSSOVERS/ALL OTH OUTPTNT	799	4,677	82,569.46	17.65	.273	103.34	4.82
@COUNTY HOSPITAL TOTAL	23	72	5,752.16CR \$	79.89CR	.004	250.09CR\$	.34CR
CO HOSPITAL INPATIENT TOTAL	1	10CR	8,286.59CR	828.66	.001CR	8286.59CR	.48CR
HSC HOSPITALS	0	11CR	10,065.00CR	915.00	.001CR	.00	.59CR
NON-HSC HOSPITALS TOTAL	1	1	1,778.41	1778.41	.000	1778.41	.10
ACCOMMODATIONS	1	1	231.30	231.30	.000	231.30	.01
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	1,547.11	.00	.000	1547.11	.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	22	82	2,534.43	30.91	.005	115.20	.15
MEDICAL	8	15	697.84	46.52	.001	87.23	.04
SURGERY	1	2	110.96	55.48	.000	110.96	.01
PATHOLOGY	4	25	275.40	11.02	.001	68.85	.02
RADIOLOGY	6	7	579.80	82.83	.000	96.63	.03
ROOM USE	10	15	556.54	37.10	.001	55.65	.03
CROSSOVERS/ALL OTH OUTPTNT	10	18	313.89	17.44	.001	31.39	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,515
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	17,118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,136	7,243	\$	609,383.79	\$ 84.13	.423	\$ 536.43	\$ 35.60
COMM HOSP INPATIENT TOTAL	239	1,655		499,885.79	302.05	.097	2091.57	29.20
HSC HOSPITALS	27	176		229,574.69	1304.40	.010	8502.77	13.41
NON-HSC HOSPITALS TOTAL	10	82		99,273.12	1210.65	.005	9927.31	5.80
ACCOMMODATIONS	10	82		52,034.55	634.57	.005	5203.46	3.04
ADMINISTRATIVE DAYS	3	13		2,813.68	216.44	.001	937.89	.16
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	69		49,220.87	713.35	.004	7031.55	2.88
ANCILLARIES	10	0		47,238.57	.00	.000	4723.86	2.76
INPATIENT CROSSOVERS	204	1,397		171,037.98	122.43	.082	838.42	9.99
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	924	5,588		109,498.00	19.60	.326	118.50	6.40
MEDICAL	83	117		3,761.13	32.15	.007	45.31	.22
SURGERY	24	26		1,484.10	57.08	.002	61.84	.09
PATHOLOGY	108	506		5,416.92	10.71	.030	50.16	.32
RADIOLOGY	111	155		10,298.55	66.44	.009	92.78	.60
ROOM USE	96	125		6,281.73	50.25	.007	65.43	.37
CROSSOVERS/ALL OTH OUTPTNT	789	4,659		82,255.57	17.66	.272	104.25	4.81
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	4,051	119,848	\$	11,810,891.42	\$ 98.55	7.001	\$ 2915.55	\$ 689.97
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	4,051	119,848		11,810,891.42	98.55	7.001	2915.55	689.97
@INTERMEDIATE CARE FACIL.-DD	51	1,955	\$	323,906.72	\$ 165.68	.114	\$ 6351.11	\$ 18.92
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	51	1,955		323,906.72	165.68	.114	6351.11	18.92
@HEMODIALYSIS TOTAL	177	326	\$	93,337.32	\$ 286.31	.019	\$ 527.33	\$ 5.45
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	177	326		93,337.32	286.31	.019	527.33	5.45
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	351	1,751	\$	19,349.65	\$ 11.05	.102	\$ 55.13	\$ 1.13
PATHOLOGY	290	1,643		18,402.43	11.20	.096	63.46	1.08
XO AND OTHERS	61	108		947.22	8.77	.006	15.53	.06
@ORGANIZED OUTPATIENT CLINIC	2,121	3,828	\$	188,356.63	\$ 49.20	.224	\$ 88.81	\$ 11.00
CLINIC	11	33		519.81	15.75	.002	47.26	.03
SURGICENTER	184	264		11,832.73	44.82	.015	64.31	.69
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,969	3,531		176,004.09	49.85	.206	89.39	10.28

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,516

17,118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	2,226	92,996	\$ 463,568.28	\$ 4.98	5.433	\$ 208.25	\$ 27.08
DURABLE MED. EQUIP.	101	1,061	51,244.47	48.30	.062	507.37	2.99
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	161	233	70,254.48	301.52	.014	436.36	4.10
MEDICAL TRANSPORTATION	636	30,981	131,354.88	4.24	1.810	206.53	7.67
AMBULANCES/AIR TRANS	153	1,438	21,321.21	14.83	.084	139.35	1.25
OTHER TRANS	435	28,491	107,372.54	3.77	1.664	246.83	6.27
OTHER SERVICES	82	1,052	2,661.13	2.53	.061	32.45	.16
ACUPUNCTURE	8	28	504.16	18.01	.002	63.02	.03
ADULT DAY HEALTH CARE CTR	63	893	62,027.81	69.46	.052	984.57	3.62
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	129	505	46,630.71	92.34	.030	361.48	2.72
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	480	1,103	15,718.82	14.25	.064	32.75	.92
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	23	51	249.92	4.90	.003	10.87	.01
PROSTHETIST/ORTHOTISTS	40	71	2,387.31	33.62	.004	59.68	.14
PROSTHETICS	39	70	2,350.31	33.58	.004	60.26	.14
ORTHOTICS	1	1	37.00	37.00	.000	37.00	.00
PSYCHOLOGIST	3	3	89.67	29.89	.000	29.89	.01
SPEECH AND AUDIOLOGY	40	70	7,425.29	106.08	.004	185.63	.43
HOSPICE SERVICES	14	153	16,075.66	105.07	.009	1148.26	.94
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	811	57,844	59,605.10	1.03	3.379	73.50	3.48
@CALIF. CHILDREN SERVICES*	0	3CR	153.33CR	\$ 51.11	.000	\$.00	\$.01CR
@XOVER EXCLUDING STATE HOSP**	4,911	54,405	\$ 925,233.50	\$ 17.01	3.178	\$ 188.40	\$ 54.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
MERCED COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

PAGE 7,517
01/29/04

183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	159	18,782	\$ 454,674.89	\$ 24.21	102.634	\$ 2859.59	\$ 2484.56
@PHYSICIANS SERVICES	37	229	\$ 6,738.35	\$ 29.43	1.251	\$ 182.12	\$ 36.82
OUTPATIENT VISITS	8	12	703.90	58.66	.066	87.99	3.85
OFFICE VISITS	5	6	235.60	39.27	.033	47.12	1.29
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	221.03	73.68	.016	73.68	1.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	3	247.27	82.42	.016	123.64	1.35
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	26	991.44	38.13	.142	991.44	5.42
HOSPITAL VISITS	1	26	991.44	38.13	.142	991.44	5.42
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	6	245.22	40.87	.033	81.74	1.34
EXAMINATIONS	3	6	245.22	40.87	.033	81.74	1.34
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	3	50		2,987.27		59.75	.273	995.76	16.32
PRINCIPAL SURGEON	3	6		2,202.14		367.02	.033	734.05	12.03
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	44		785.13		17.84	.240	785.13	4.29
OUTPATIENT SURGERY	1	1		104.23		104.23	.005	104.23	.57
PRINCIPAL SURGEON	1	1		104.23		104.23	.005	104.23	.57
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	4	20		144.36		7.22	.109	36.09	.79
RADIOLOGY	6	39		946.23		24.26	.213	157.71	5.17
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	25	75		615.70		8.21	.410	24.63	3.36
@PHARMACY	130	9,554	\$	37,098.98	\$	3.88	52.208	\$ 285.38	\$ 202.73
PRESCRIPTION DRUGS	125	607		34,386.14		56.65	3.317	275.09	187.90
SNF/ICF	88	494		28,373.74		57.44	2.699	322.43	155.05
OUTPATIENTS	38	113		6,012.40		53.21	.617	158.22	32.85
MEDICAL SUPPLIES	22	8,947		2,712.84		.30	48.891	123.31	14.82
@DENTIST	9	31	\$	1,633.00	\$	52.68	.169	\$ 181.44	\$ 8.92
VISITS - DIAGNOSTIC	6	9		250.00		27.78	.049	41.67	1.37
ORAL SURGERY	2	12		973.00		81.08	.066	486.50	5.32
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	9		360.00		40.00	.049	360.00	1.97
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		50.00		50.00	.005	50.00	.27
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	5	\$ 62.96	\$ 12.59	.027	\$ 31.48	\$.34
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.016	53.11	.29
OTHER OPTOMETRIC SERVICES	1	2	9.85	4.93	.011	9.85	.05
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	7	9	\$ 22.99	\$ 2.55	.049	\$ 3.28	\$.13
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	7	9	22.99	2.55	.049	3.28	.13
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	3	\$ 55.63	\$ 18.54	.016	\$ 18.54	\$.30
@TOTAL HOSPITAL	18	139	\$ 34,029.12	\$ 244.81	.760	\$ 1890.51	\$ 185.95
HOSP INPATIENT TOTAL	4	50	32,772.00	655.44	.273	8193.00	179.08
HSC HOSPITALS	2	26	31,120.00	1196.92	.142	15560.00	170.05

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	24	1,652.00	68.83	.131	826.00	9.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	89	1,257.12	14.12	.486	83.81	6.87
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	69.29	11.55	.033	23.10	.38
RADIOLOGY	1	1	54.52	54.52	.005	54.52	.30
ROOM USE	5	8	296.84	37.11	.044	59.37	1.62
CROSSOVERS/ALL OTH OUTPTNT	9	74	836.47	11.30	.404	92.94	4.57
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
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@COMMUNITY HOSPITAL TOTAL	18	139	\$ 34,029.12	\$ 244.81	.760	\$ 1890.51	\$ 185.95
COMM HOSP INPATIENT TOTAL	4	50	32,772.00	655.44	.273	8193.00	179.08
HSC HOSPITALS	2	26	31,120.00	1196.92	.142	15560.00	170.05
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	24	1,652.00	68.83	.131	826.00	9.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15	89	1,257.12	14.12	.486	83.81	6.87
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	69.29	11.55	.033	23.10	.38
RADIOLOGY	1	1	54.52	54.52	.005	54.52	.30
ROOM USE	5	8	296.84	37.11	.044	59.37	1.62
CROSSOVERS/ALL OTH OUTPTNT	9	74	836.47	11.30	.404	92.94	4.57
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	92	2,916	\$	314,415.94	\$	107.82	15.934	\$	3417.56	\$	1718.12
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	92	2,916		314,415.94		107.82	15.934		3417.56		1718.12
@INTERMEDIATE CARE FACIL.-DD	9	256	\$	34,106.52	\$	133.23	1.399	\$	3789.61	\$	186.37
ICF DDH	9	256		34,106.52		133.23	1.399		3789.61		186.37
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	10	12	\$	5,107.42	\$	425.62	.066	\$	510.74	\$	27.91
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	10	12		5,107.42		425.62	.066		510.74		27.91
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	9	28	\$	394.61	\$	14.09	.153	\$ 43.85	\$ 2.16
PATHOLOGY	8	27		393.64		14.58	.148	49.21	2.15
XO AND OTHERS	1	1		.97		.97	.005	.97	.01
@ORGANIZED OUTPATIENT CLINIC	32	60	\$	3,121.47	\$	52.02	.328	\$ 97.55	\$ 17.06
CLINIC	2	4		40.00		10.00	.022	20.00	.22
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	30	56		3,081.47		55.03	.306	102.72	16.84
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183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	37	5,540	\$ 17,887.90	\$ 3.23	30.273	\$ 483.46	\$ 97.75
DURABLE MED. EQUIP.	1	9	478.82	53.20	.049	478.82	2.62
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	22	955	11,974.00	12.54	5.219	544.27	65.43
AMBULANCES/AIR TRANS	2	79	2,674.29	33.85	.432	1337.15	14.61
OTHER TRANS	19	873	7,478.97	8.57	4.770	393.63	40.87
OTHER SERVICES	2	3	1,820.74	606.91	.016	910.37	9.95
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	3	259.66	86.55	.016	129.83	1.42
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	3	33.25	11.08	.016	16.63	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	33	3,611.85	109.45	.180	1805.93	19.74
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	3	31.20	10.40	.016	31.20	.17
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	4,534	1,499.12	.33	24.776	107.08	8.19
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	56	11,434	\$ 19,768.83	\$ 1.73	62.481	\$ 353.01	\$ 108.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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8,035 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,750	178,296	\$ 7,496,786.10	\$ 42.05	22.190	\$ 1110.63	\$ 933.02
@PHYSICIANS SERVICES	2,112	12,418	\$ 429,146.85	\$ 34.56	1.545	\$ 203.19	\$ 53.41
OUTPATIENT VISITS	510	762	29,577.71	38.82	.095	58.00	3.68
OFFICE VISITS	360	530	17,037.20	32.15	.066	47.33	2.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	156	187	11,219.60	60.00	.023	71.92	1.40

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	38	45	1,320.91	29.35	.006	34.76	.16
INPATIENT VISITS	243	1,393	58,080.51	41.69	.173	239.01	7.23
HOSPITAL VISITS	180	1,251	48,982.03	39.15	.156	272.12	6.10
CRITICAL CARE	13	56	6,476.24	115.65	.007	498.17	.81
SNF/ICF/TRANS IP CARE	65	86	2,622.24	30.49	.011	40.34	.33
OPHTHALMOLOGICAL SERVICES	39	55	2,256.05	41.02	.007	57.85	.28
EXAMINATIONS	39	55	2,256.05	41.02	.007	57.85	.28
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	94	478	40,483.85	84.69	.059	430.68	5.04
PRINCIPAL SURGEON	76	128	30,917.49	241.54	.016	406.81	3.85
ASSISTANT SURGEON	7	8	1,952.20	244.03	.001	278.89	.24
ANESTHESIOLOGIST	27	342	7,614.16	22.26	.043	282.01	.95
OUTPATIENT SURGERY	107	284	17,586.52	61.92	.035	164.36	2.19
PRINCIPAL SURGEON	94	142	15,331.91	107.97	.018	163.11	1.91
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	17	142	2,254.61	15.88	.018	132.62	.28
DIALYSIS	37	60	9,043.60	150.73	.007	244.42	1.13
PATHOLOGY	125	532	3,992.53	7.50	.066	31.94	.50
RADIOLOGY	406	1,148	46,153.94	40.20	.143	113.68	5.74
PSYCHIATRY	5	5	116.10	23.22	.001	23.22	.01
IMMUNIZATION AND INJECTION	59	3,510	152,667.57	43.50	.437	2587.59	19.00
OTHER SERVICES/ALL X-OVERS	1,359	4,191	69,188.47	16.51	.522	50.91	8.61
@PHARMACY	5,230	83,788	\$ 2,077,114.05	\$ 24.79	10.428	\$ 397.15	\$ 258.51
PRESCRIPTION DRUGS	5,129	25,014	1,991,894.38	79.63	3.113	388.36	247.90
SNF/ICF	668	3,805	259,963.31	68.32	.474	389.17	32.35
OUTPATIENTS	4,488	21,209	1,731,931.07	81.66	2.640	385.90	215.55
MEDICAL SUPPLIES	587	58,774	85,219.67	1.45	7.315	145.18	10.61
@DENTIST	444	2,016	\$ 87,179.04	\$ 43.24	.251	\$ 196.35	\$ 10.85
VISITS - DIAGNOSTIC	296	1,233	14,657.98	11.89	.153	49.52	1.82
ORAL SURGERY	56	157	8,729.00	55.60	.020	155.88	1.09
DRUGS	3	12	135.00	11.25	.001	45.00	.02
ANESTHESIA	5	6	600.00	100.00	.001	120.00	.07
PERIODONTICS	64	73	8,498.00	116.41	.009	132.78	1.06
ENDODONTICS	26	42	10,310.00	245.48	.005	396.54	1.28
RESTORATIVE DENTISTRY	116	373	29,723.00	79.69	.046	256.23	3.70
PROSTHETICS	2	2	30.00	15.00	.000	15.00	.00
DENTURES, STAYPLATES	44	94	13,039.02	138.71	.012	296.34	1.62
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	10	10	1,457.04	145.70	.001	145.70	.18
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	9	14	.00	.00	.002	.00	.00

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					AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	180	497	\$	9,916.54	\$ 19.95	.062	\$ 55.09	\$ 1.23
DIAGNOSTIC AND ANC. PROCED	49	49		2,253.89	46.00	.006	46.00	.28
EYE APPLIANCES	140	401		6,683.64	16.67	.050	47.74	.83
OTHER OPTOMETRIC SERVICES	32	47		979.01	20.83	.006	30.59	.12
@CHIROPRACTOR	12	22	\$	296.25	\$ 13.47	.003	\$ 24.69	\$.04
VISITS	4	8		133.76	16.72	.001	33.44	.02
OTHER SERVICES	8	14		162.49	11.61	.002	20.31	.02
@PODIATRIST	101	153	\$	1,137.95	\$ 7.44	.019	\$ 11.27	\$.14
MEDICINE/INJECTIONS	2	2		30.80	15.40	.000	15.40	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	99	151		1,107.15		.019	11.18	.14
@HOME HEALTH AGENCY	27	949	\$	34,156.88	\$	.118	\$ 1265.07	\$ 4.25
NURSE ANESTHESIST	6	48	\$	414.32	\$	.006	\$ 69.05	\$.05
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	10	10	\$	335.44	\$	.001	\$ 33.54	\$.04
@TOTAL HOSPITAL	895	6,761	\$	1,526,163.47	\$	.841	\$ 1705.21	\$ 189.94
HOSP INPATIENT TOTAL	173	1,529		1,401,457.96		.190	8100.91	174.42
HSC HOSPITALS	112	1,042		1,231,210.66		.130	10992.95	153.23
NON-HSC HOSPITAL TOTAL	18	158		119,916.53		.020	6662.03	14.92
ACCOMMODATIONS	18	158		44,926.82		.020	2495.93	5.59
ADMINISTRATIVE DAYS	10	116		26,573.24		.014	2657.32	3.31
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	8	42		18,353.58		.005	2294.20	2.28
ANCILLARIES	18	0		74,989.71		.000	4166.10	9.33
INPATIENT CROSSOVERS	48	329		50,330.77		.041	1048.56	6.26
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	767	5,232		124,705.51		.651	162.59	15.52
MEDICAL	159	410		14,774.70		.051	92.92	1.84
SURGERY	54	59		2,561.68		.007	47.44	.32
PATHOLOGY	189	969		10,250.23		.121	54.23	1.28
RADIOLOGY	168	483		35,495.27		.060	211.28	4.42
ROOM USE	221	348		14,693.28		.043	66.49	1.83
CROSSOVERS/ALL OTH OUTPTNT	510	2,963		46,930.35		.369	92.02	5.84
@COUNTY HOSPITAL TOTAL	32	335	\$	190,630.38	\$	.042	\$ 5957.20	\$ 23.73
CO HOSPITAL INPATIENT TOTAL	11	149		184,647.78		.019	16786.16	22.98
HSC HOSPITALS	10	130		162,715.00		.016	16271.50	20.25
NON-HSC HOSPITALS TOTAL	2	19		21,932.78		.002	10966.39	2.73
ACCOMMODATIONS	2	19		4,394.70		.002	2197.35	.55
ADMINISTRATIVE DAYS	1	5		1,156.50		.001	1156.50	.14
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	1	14		3,238.20		.002	3238.20	.40
ANCILLARIES	2	0		17,538.08		.000	8769.04	2.18
INPATIENT CROSSOVERS	0	0		.00		.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	23	186		5,982.60		.023	260.11	.74
MEDICAL	14	47		1,551.98		.006	110.86	.19
SURGERY	0	0		50.56		.000	.00	.01
PATHOLOGY	8	38		449.67		.005	56.21	.06
RADIOLOGY	6	11		1,261.45		.001	210.24	.16
ROOM USE	13	25		891.65		.003	68.59	.11
CROSSOVERS/ALL OTH OUTPTNT	13	65		1,777.29		.008	136.71	.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
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MERCED COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED							

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		----- MONTHLY AVERAGE -----						
8,035 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	869	6,426	\$ 1,335,533.09	\$ 207.83	.800	\$ 1536.86	\$ 166.21	
COMM HOSP INPATIENT TOTAL	162	1,380	1,216,810.18	881.75	.172	7511.17	151.44	
HSC HOSPITALS	102	912	1,068,495.66	1171.60	.114	10475.45	132.98	
NON-HSC HOSPITALS TOTAL	16	139	97,983.75	704.92	.017	6123.98	12.19	
ACCOMMODATIONS	16	139	40,532.12	291.60	.017	2533.26	5.04	
ADMINISTRATIVE DAYS	9	111	25,416.74	228.98	.014	2824.08	3.16	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	7	28	15,115.38	539.84	.003	2159.34	1.88	
ANCILLARIES	16	0	57,451.63	.00	.000	3590.73	7.15	
INPATIENT CROSSOVERS	48	329	50,330.77	152.98	.041	1048.56	6.26	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	748	5,046		118,722.91		23.53	.628	158.72	14.78
MEDICAL	145	363		13,222.72		36.43	.045	91.19	1.65
SURGERY	54	59		2,511.12		42.56	.007	46.50	.31
PATHOLOGY	181	931		9,800.56		10.53	.116	54.15	1.22
RADIOLOGY	162	472		34,233.82		72.53	.059	211.32	4.26
ROOM USE	210	323		13,801.63		42.73	.040	65.72	1.72
CROSSOVERS/ALL OTH OUTPTNT	498	2,898		45,153.06		15.58	.361	90.67	5.62
@STATE HOSPITAL	12	346	\$	135,907.28	\$	392.80	.043	\$ 11325.61	\$ 16.91
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	12	346		135,907.28		392.80	.043	11325.61	16.91
@NURSING FACILITY	536	15,014	\$	1,665,610.14	\$	110.94	1.869	\$ 3107.48	\$ 207.29
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	21	678		66,615.00		98.25	.084	3172.14	8.29
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	10	320		132,732.75		414.79	.040	13273.28	16.52
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	505	14,016		1,466,262.39		104.61	1.744	2903.49	182.48
@INTERMEDIATE CARE FACIL.-DD	173	5,871	\$	916,265.79	\$	156.07	.731	\$ 5296.33	\$ 114.03
ICF DDH	70	2,255		308,456.85		136.79	.281	4406.53	38.39
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	103	3,616		607,808.94		168.09	.450	5901.06	75.65
@HEMODIALYSIS TOTAL	191	2,200	\$	169,115.52	\$	76.87	.274	\$ 885.42	\$ 21.05
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	191	2,200		169,115.52		76.87	.274	885.42	21.05
@REHABILITATION FACILITY	9	175	\$	3,923.09	\$	22.42	.022	\$ 435.90	\$.49
HOSPITAL BASED	4	35		1,049.95		30.00	.004	262.49	.13
INDEPENDENT FACILITY	6	140		2,873.14		20.52	.017	478.86	.36
@LABORATORY FACILITY	414	2,042	\$	22,535.19	\$	11.04	.254	\$ 54.43	\$ 2.80
PATHOLOGY	377	1,996		22,067.02		11.06	.248	58.53	2.75
XO AND OTHERS	37	46		468.17		10.18	.006	12.65	.06
@ORGANIZED OUTPATIENT CLINIC	1,165	2,016	\$	143,542.71	\$	71.20	.251	\$ 123.21	\$ 17.86
CLINIC	34	69		1,327.69		19.24	.009	39.05	.17
SURGICENTER	77	123		4,089.21		33.25	.015	53.11	.51
HEROIN DETOX CLINIC	4	47		487.83		10.38	.006	121.96	.06
RURAL HEALTH CLINIC	1,077	1,777		137,637.98		77.46	.221	127.80	17.13
#CALIF DEPT OF HEALTH SERV									
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				----- MONTHLY AVERAGE -----			
8,035 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,086	43,970	\$ 274,025.59	\$ 6.23	5.472	\$ 252.33	\$ 34.10
DURABLE MED. EQUIP.	85	305	48,004.13	157.39	.038	564.75	5.97
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	19	33	6,438.51	195.11	.004	338.87	.80
MEDICAL TRANSPORTATION	254	10,785	75,504.07	7.00	1.342	297.26	9.40
AMBULANCES/AIR TRANS	132	2,495	27,005.13	10.82	.311	204.58	3.36
OTHER TRANS	102	8,021	35,953.97	4.48	.998	352.49	4.47
OTHER SERVICES	35	269	12,544.97	46.64	.033	358.43	1.56
ACUPUNCTURE	1	5	81.10	16.22	.001	81.10	.01
ADULT DAY HEALTH CARE CTR	7	58	3,997.45	68.92	.007	571.06	.50
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	12	38	3,930.13	103.42	.005	327.51	.49
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	248	596	8,314.21	13.95	.074	33.53	1.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	12	28	272.58	9.74	.003	22.72	.03
PROSTHETIST/ORTHOTISTS	33	88	3,889.55	44.20	.011	117.87	.48
PROSTHETICS	32	87	3,810.55	43.80	.011	119.08	.47
ORTHOTICS	1	1	79.00	79.00	.000	79.00	.01

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	20	638.67	31.93	.002	53.22	.08
HOSPICE SERVICES	29	846	88,512.00	104.62	.105	3052.14	11.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	46	506	3,003.12	5.94	.063	65.29	.37
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	441	30,661	31,335.07	1.02	3.816	71.05	3.90
@CALIF. CHILDREN SERVICES*	58	2,607	\$ 106,622.34	\$ 40.90	.324	\$ 1838.32	\$ 13.27
@XOVER EXCLUDING STATE HOSP**	1,837	19,283	\$ 283,673.51	\$ 14.71	2.400	\$ 154.42	\$ 35.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MERCED COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

354,216 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	140,688	755,797	\$ 39,189,919.88	\$ 51.85	2.134	\$ 278.56	\$ 110.64
@PHYSICIANS SERVICES	49,794	124,196	\$ 5,502,742.06	\$ 44.31	.351	\$ 110.51	\$ 15.53
OUTPATIENT VISITS	35,738	49,034	1,906,397.69	38.88	.138	53.34	5.38
OFFICE VISITS	24,650	30,753	1,021,189.99	33.21	.087	41.43	2.88
HOME VISITS	1	1	25.20	25.20	.000	25.20	.00
EMERGENCY ROOM	8,131	8,918	450,054.38	50.47	.025	55.35	1.27
PREVENTIVE CARE	15	15	570.58	38.04	.000	38.04	.00
OB VISITS/COMPRE PERI	3,291	7,609	378,937.02	49.80	.021	115.14	1.07
OTHER OUTPATIENT	1,583	1,738	55,620.52	32.00	.005	35.14	.16
INPATIENT VISITS	2,683	9,301	642,697.76	69.10	.026	239.54	1.81
HOSPITAL VISITS	2,537	7,019	312,203.36	44.48	.020	123.06	.88
CRITICAL CARE	236	2,240	328,808.07	146.79	.006	1393.25	.93
SNF/ICF/TRANS IP CARE	8	42	1,686.33	40.15	.000	210.79	.00
OPHTHALMOLOGICAL SERVICES	609	677	29,827.13	44.06	.002	48.98	.08
EXAMINATIONS	599	667	29,605.57	44.39	.002	49.42	.08
SERVICES AND MATERIALS	10	10	221.56	22.16	.000	22.16	.00
INPATIENT HOSPITAL SURGERY	2,586	9,048	1,251,629.33	138.33	.026	484.00	3.53
PRINCIPAL SURGEON	1,918	2,286	1,027,861.81	449.63	.006	535.90	2.90
ASSISTANT SURGEON	385	386	65,984.72	170.94	.001	171.39	.19
ANESTHESIOLOGIST	762	6,376	157,782.80	24.75	.018	207.06	.45
OUTPATIENT SURGERY	3,193	8,148	555,312.91	68.15	.023	173.92	1.57
PRINCIPAL SURGEON	2,563	3,268	434,122.71	132.84	.009	169.38	1.23
ASSISTANT SURGEON	42	42	4,666.21	111.10	.000	111.10	.01
ANESTHESIOLOGIST	995	4,838	116,523.99	24.09	.014	117.11	.33
DIALYSIS	60	102	14,124.31	138.47	.000	235.41	.04
PATHOLOGY	5,556	10,847	73,830.53	6.81	.031	13.29	.21
RADIOLOGY	11,279	16,808	563,265.49	33.51	.047	49.94	1.59
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1,256	4,307	89,168.87	20.70	.012	70.99	.25
OTHER SERVICES/ALL X-OVERS	6,549	15,924	376,488.04	23.64	.045	57.49	1.06
@PHARMACY	72,371	226,060	\$ 7,928,222.17	\$ 35.07	.638	\$ 109.55	\$ 22.38
PRESCRIPTION DRUGS	71,428	176,911	7,542,962.56	42.64	.499	105.60	21.29
SNF/ICF	22	78	3,196.00	40.97	.000	145.27	.01
OUTPATIENTS	71,408	176,833	7,539,766.56	42.64	.499	105.59	21.29
MEDICAL SUPPLIES	3,028	49,149	385,259.61	7.84	.139	127.23	1.09
@DENTIST	15,359	86,106	\$ 2,839,807.98	\$ 32.98	.243	\$ 184.90	\$ 8.02
VISITS - DIAGNOSTIC	10,864	55,868	731,349.75	13.09	.158	67.32	2.06
ORAL SURGERY	2,178	4,153	251,274.84	60.50	.012	115.37	.71
DRUGS	271	500	8,535.00	17.07	.001	31.49	.02
ANESTHESIA	200	204	19,700.00	96.57	.001	98.50	.06
PERIODONTICS	826	853	92,344.30	108.26	.002	111.80	.26
ENDODONTICS	1,533	2,902	391,778.20	135.00	.008	255.56	1.11
RESTORATIVE DENTISTRY	5,759	18,544	1,118,743.55	60.33	.052	194.26	3.16
PROSTHETICS	47	50	1,260.00	25.20	.000	26.81	.00
DENTURES, STAYPLATES	216	864	64,786.61	74.98	.002	299.94	.18
SPACE MAINTAINERS	138	162	17,613.00	108.72	.000	127.63	.05
MAXILLOFACIAL SERVICES	328	337	34,783.15	103.21	.001	106.05	.10
FRACTURES, DISLOCATIONS	2	2	800.00	400.00	.000	400.00	.00
ORTHODONTIC SERVICES	1,101	1,343	103,782.50	77.28	.004	94.26	.29
ALL OTHER SERVICES	406	324	3,057.08	9.44	.001	7.53	.01

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

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354,216 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAYMONTHLY AVERAGE
UNITS/DAYS
PER ELIGCOST PER
USERCOST PER
ELIGIBLE

@OPTOMETRIST	2,950	8,703	\$	210,995.16	\$	24.24	.025	\$	71.52	\$	.60
DIAGNOSTIC AND ANC. PROCED	1,823	1,832		83,872.24		45.78	.005		46.01		.24
EYE APPLIANCES	2,262	6,302		95,404.59		15.14	.018		42.18		.27
OTHER OPTOMETRIC SERVICES	546	569		31,718.33		55.74	.002		58.09		.09
@CHIROPRACTOR	522	846	\$	14,019.27	\$	16.57	.002	\$	26.86	\$	.04
VISITS	521	844		13,985.83		16.57	.002		26.84		.04
OTHER SERVICES	1	2		33.44		16.72	.000		33.44		.00
@PODIATRIST	63	106	\$	3,361.49	\$	31.71	.000	\$	53.36	\$	.01
MEDICINE/INJECTIONS	45	53		1,743.21		32.89	.000		38.74		.00
SURGERY/ANES.	6	8		886.89		110.86	.000		147.82		.00
RADIO./PATHOLOGY	3	5		86.50		17.30	.000		28.83		.00
OTHER	14	40		644.89		16.12	.000		46.06		.00
@HOME HEALTH AGENCY	158	592	\$	42,630.73	\$	72.01	.002	\$	269.81	\$	.12
NURSE ANESTHESIST	2	16	\$	245.18	\$	15.32	.000	\$	122.59	\$	.00
NURSE MIDWIFE	2	3	\$	181.44	\$	60.48	.000	\$	90.72	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	29	38	\$	1,455.91	\$	38.31	.000	\$	50.20	\$	.00
@TOTAL HOSPITAL	19,514	77,909	\$	14,149,485.56	\$	181.62	.220	\$	725.09	\$	39.95
HOSP INPATIENT TOTAL	2,459	9,675		12,317,077.56		1273.08	.027		5008.98		34.77
HSC HOSPITALS	2,055	8,191		10,303,757.01		1257.94	.023		5013.99		29.09
NON-HSC HOSPITAL TOTAL	412	1,445		2,008,059.93		1389.66	.004		4873.93		5.67
ACCOMMODATIONS	412	1,445		606,835.03		419.96	.004		1472.90		1.71
ADMINISTRATIVE DAYS	12	62		14,323.43		231.02	.000		1193.62		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	401	1,383		592,511.60		428.42	.004		1477.59		1.67
ANCILLARIES	412	0		1,401,224.90		.00	.000		3401.03		3.96
INPATIENT CROSSOVERS	7	39		5,260.62		134.89	.000		751.52		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	17,709	68,234		1,832,408.00		26.85	.193		103.47		5.17
MEDICAL	5,235	7,297		276,344.16		37.87	.021		52.79		.78
SURGERY	1,491	1,696		71,698.94		42.28	.005		48.09		.20
PATHOLOGY	6,312	24,159		255,518.50		10.58	.068		40.48		.72
RADIOLOGY	5,098	6,694		410,566.79		61.33	.019		80.53		1.16
ROOM USE	10,546	13,155		520,345.64		39.55	.037		49.34		1.47
CROSSOVERS/ALL OTH OUTPTNT	6,841	15,233		297,933.97		19.56	.043		43.55		.84
@COUNTY HOSPITAL TOTAL	141	655	\$	140,495.96	\$	214.50	.002	\$	996.43	\$	.40
CO HOSPITAL INPATIENT TOTAL	26	100		125,020.77		1250.21	.000		4808.49		.35
HSC HOSPITALS	26	98		123,152.28		1256.66	.000		4736.63		.35
NON-HSC HOSPITALS TOTAL	1	2		1,868.49		934.25	.000		1868.49		.01
ACCOMMODATIONS	1	2		462.60		231.30	.000		462.60		.00
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		1,405.89		.00	.000		1405.89		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	124	555		15,475.19		27.88	.002		124.80		.04
MEDICAL	37	51		2,203.24		43.20	.000		59.55		.01
SURGERY	14	17		1,149.22		67.60	.000		82.09		.00
PATHOLOGY	42	184		2,386.96		12.97	.001		56.83		.01
RADIOLOGY	27	45		1,731.02		38.47	.000		64.11		.00
ROOM USE	79	109		4,326.30		39.69	.000		54.76		.01
CROSSOVERS/ALL OTH OUTPTNT	67	149		3,678.45		24.69	.000		54.90		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,527
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

						----- MONTHLY AVERAGE -----		
	354,216 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19,389	77,254	\$	14,008,989.60	\$ 181.34	.218	\$ 722.52	\$ 39.55

COMM HOSP INPATIENT TOTAL	2,435	9,575	12,192,056.79	1273.32	.027	5007.00	34.42
HSC HOSPITALS	2,031	8,093	10,180,604.73	1257.95	.023	5012.61	28.74
NON-HSC HOSPITALS TOTAL	411	1,443	2,006,191.44	1390.29	.004	4881.24	5.66
ACCOMMODATIONS	411	1,443	606,372.43	420.22	.004	1475.36	1.71
ADMINISTRATIVE DAYS	11	60	13,860.83	231.01	.000	1260.08	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	401	1,383	592,511.60	428.42	.004	1477.59	1.67
ANCILLARIES	411	0	1,399,819.01	.00	.000	3405.89	3.95
INPATIENT CROSSOVERS	7	39	5,260.62	134.89	.000	751.52	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17,597	67,679	1,816,932.81	26.85	.191	103.25	5.13
MEDICAL	5,199	7,246	274,140.92	37.83	.020	52.73	.77
SURGERY	1,477	1,679	70,549.72	42.02	.005	47.77	.20
PATHOLOGY	6,272	23,975	253,131.54	10.56	.068	40.36	.71
RADIOLOGY	5,076	6,649	408,835.77	61.49	.019	80.54	1.15
ROOM USE	10,474	13,046	516,019.34	39.55	.037	49.27	1.46
CROSSOVERS/ALL OTH OUTPTNT	6,776	15,084	294,255.52	19.51	.043	43.43	.83
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	27	584	154,761.57	265.00	.002	5731.91	.44
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	151	100,010.95	662.32	.000	20002.19	.28
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	22	433	54,750.62	126.44	.001	2488.66	.15
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	93	4,472	251,563.45	56.25	.013	2704.98	.71
HOSPITAL BASED	7	190	94,597.88	497.88	.001	13513.98	.27
HEMODIALYSIS CENTER	86	4,282	156,965.57	36.66	.012	1825.18	.44
@REHABILITATION FACILITY	134	781	19,642.29	25.15	.002	146.58	.06
HOSPITAL BASED	91	313	10,504.01	33.56	.001	115.43	.03
INDEPENDENT FACILITY	44	468	9,138.28	19.53	.001	207.69	.03
@LABORATORY FACILITY	13,955	46,322	640,386.75	13.82	.131	45.89	1.81
PATHOLOGY	13,930	46,290	638,971.90	13.80	.131	45.87	1.80
XO AND OTHERS	31	32	1,414.85	44.21	.000	45.64	.00
@ORGANIZED OUTPATIENT CLINIC	41,348	70,885	6,348,780.97	89.56	.200	153.55	17.92
CLINIC	3,494	12,523	282,639.99	22.57	.035	80.89	.80
SURGICENTER	1,133	4,030	161,099.07	39.97	.011	142.19	.45
HEROIN DETOX CLINIC	3	33	370.29	11.22	.000	123.43	.00
RURAL HEALTH CLINIC	37,468	54,299	5,904,671.62	108.74	.153	157.59	16.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,528
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES						

						----- MONTHLY AVERAGE -----	
354,216 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15,882	108,178	\$ 1,081,637.90	\$ 10.00	.305	\$ 68.10	\$ 3.05
DURABLE MED. EQUIP.	297	892	106,473.09	119.36	.003	358.50	.30
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	43	128	14,966.93	116.93	.000	348.07	.04
MEDICAL TRANSPORTATION	1,456	22,430	376,305.13	16.78	.063	258.45	1.06
AMBULANCES/AIR TRANS	1,448	21,544	254,105.37	11.79	.061	175.49	.72
OTHER TRANS	4	811	2,149.75	2.65	.002	537.44	.01
OTHER SERVICES	67	75	120,050.01	1600.67	.000	1791.79	.34
ACUPUNCTURE	89	173	3,299.27	19.07	.000	37.07	.01

ADULT DAY HEALTH CARE CTR	2	3	219.18	73.06	.000	109.59	.00
GENETIC DISEASE TESTING	699	701	72,407.25	103.29	.002	103.59	.20
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3,549	8,156	87,952.99	10.78	.023	24.78	.25
PHYSICAL THERAPIST	2	7	325.27	46.47	.000	162.64	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	490	906	62,096.67	68.54	.003	126.73	.18
PROSTHETICS	266	636	44,637.54	70.18	.002	167.81	.13
ORTHOTICS	238	270	17,459.13	64.66	.001	73.36	.05
PSYCHOLOGIST	3	26	1,414.87	54.42	.000	471.62	.00
SPEECH AND AUDIOLOGY	134	325	18,352.03	56.47	.001	136.96	.05
HOSPICE SERVICES	1	4	477.56	119.39	.000	477.56	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9,082	32,299	313,813.22	9.72	.091	34.55	.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	260	42,128	23,534.44	.56	.119	90.52	.07
@CALIF. CHILDREN SERVICES*	1,608	14,068	\$ 4,357,067.15	\$ 309.71	.040	\$ 2709.62	\$ 12.30
@XOVER EXCLUDING STATE HOSP**	532	7,587	\$ 72,134.68	\$ 9.51	.021	\$ 135.59	\$.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,529
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL	

	379,552 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	161,933		1,315,496	\$ 64,556,124.05	\$ 49.07	3.466	\$ 398.66	\$ 170.09
@PHYSICIANS SERVICES	55,284		148,756	\$ 6,171,011.30	\$ 41.48	.392	\$ 111.62	\$ 16.26
OUTPATIENT VISITS	36,660		50,372	1,959,965.27	38.91	.133	53.46	5.16
OFFICE VISITS	25,354		31,756	1,055,617.73	33.24	.084	41.64	2.78
HOME VISITS	1		1	25.20	25.20	.000	25.20	.00
EMERGENCY ROOM	8,367		9,197	467,376.28	50.82	.024	55.86	1.23
PREVENTIVE CARE	15		15	570.58	38.04	.000	38.04	.00
OB VISITS/COMPRE PERI	3,293		7,612	379,184.29	49.81	.020	115.15	1.00
OTHER OUTPATIENT	1,629		1,791	57,191.19	31.93	.005	35.11	.15
INPATIENT VISITS	2,993		11,154	718,387.40	64.41	.029	240.02	1.89
HOSPITAL VISITS	2,776		8,670	373,090.52	43.03	.023	134.40	.98
CRITICAL CARE	254		2,342	340,627.11	145.44	.006	1341.05	.90
SNF/ICF/TRANS IP CARE	82		142	4,669.77	32.89	.000	56.95	.01
OPHTHALMOLOGICAL SERVICES	709		802	35,246.51	43.95	.002	49.71	.09
EXAMINATIONS	699		792	35,024.95	44.22	.002	50.11	.09
SERVICES AND MATERIALS	10		10	221.56	22.16	.000	22.16	.00
INPATIENT HOSPITAL SURGERY	2,715		9,700	1,308,155.22	134.86	.026	481.83	3.45
PRINCIPAL SURGEON	2,019		2,454	1,071,773.84	436.75	.006	530.84	2.82
ASSISTANT SURGEON	396		398	68,328.97	171.68	.001	172.55	.18
ANESTHESIOLOGIST	797		6,848	168,052.41	24.54	.018	210.86	.44
OUTPATIENT SURGERY	3,364		8,592	594,766.98	69.22	.023	176.80	1.57
PRINCIPAL SURGEON	2,710		3,488	469,058.04	134.48	.009	173.08	1.24
ASSISTANT SURGEON	46		46	4,997.94	108.65	.000	108.65	.01
ANESTHESIOLOGIST	1,026		5,058	120,711.00	23.87	.013	117.65	.32
DIALYSIS	98		169	23,997.75	142.00	.000	244.88	.06
PATHOLOGY	5,815		11,640	79,897.00	6.86	.031	13.74	.21
RADIOLOGY	11,930		18,478	628,422.52	34.01	.049	52.68	1.66
PSYCHIATRY	5		5	116.10	23.22	.000	23.22	.00
IMMUNIZATION AND INJECTION	1,336		7,871	248,846.26	31.62	.021	186.26	.66
OTHER SERVICES/ALL X-OVERS	10,746		29,973	573,210.29	19.12	.079	53.34	1.51

@PHARMACY	89,717	437,261	\$	13,559,099.39	\$	31.01	1.152	\$	151.13	\$	35.72
PRESCRIPTION DRUGS	88,552	260,548		13,018,131.37		49.96	.686		147.01		34.30
SNF/ICF	4,624	28,336		1,513,631.60		53.42	.075		327.34		3.99
OUTPATIENTS	84,091	232,212		11,504,499.77		49.54	.612		136.81		30.31
MEDICAL SUPPLIES	4,531	176,713		540,968.02		3.06	.466		119.39		1.43
@DENTIST	16,532	91,078	\$	3,064,763.07	\$	33.65	.240	\$	185.38	\$	8.07
VISITS - DIAGNOSTIC	11,640	58,845		767,522.00		13.04	.155		65.94		2.02
ORAL SURGERY	2,346	4,651		277,727.84		59.71	.012		118.38		.73
DRUGS	275	518		8,760.00		16.91	.001		31.85		.02
ANESTHESIA	212	218		21,100.00		96.79	.001		99.53		.06
PERIODONTICS	953	996		108,091.30		108.53	.003		113.42		.28
ENDODONTICS	1,598	2,997		414,168.20		138.19	.008		259.18		1.09
RESTORATIVE DENTISTRY	6,034	19,303		1,182,432.92		61.26	.051		195.96		3.12
PROSTHETICS	57	62		1,675.00		27.02	.000		29.39		.00
DENTURES, STAYPLATES	384	1,289		121,666.95		94.39	.003		316.84		.32
SPACE MAINTAINERS	138	162		17,613.00		108.72	.000		127.63		.05

MAXILLOFACIAL SERVICES	339	348	36,366.28	104.50	.001	107.28	.10
FRACTURES, DISLOCATIONS	2	2	800.00	400.00	.000	400.00	.00
ORTHODONTIC SERVICES	1,101	1,343	103,782.50	77.28	.004	94.26	.27
ALL OTHER SERVICES	431	344	3,057.08	8.89	.001	7.09	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,530
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDED - TOTAL

	379,552 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,503	10,217	\$	240,657.88	\$ 23.55	.027	\$ 68.70	\$.63
DIAGNOSTIC AND ANC. PROCED	1,927	1,939		88,762.97	45.78	.005	46.06	.23
EYE APPLIANCES	2,683	7,499		116,347.53	15.52	.020	43.36	.31
OTHER OPTOMETRIC SERVICES	678	779		35,547.38	45.63	.002	52.43	.09
@CHIROPRACTOR	543	888	\$	14,649.92	\$ 16.50	.002	\$ 26.98	\$.04
VISITS	530	866		14,353.67	16.57	.002	27.08	.04
OTHER SERVICES	13	22		296.25	13.47	.000	22.79	.00
@PODIATRIST	728	1,030	\$	8,622.87	\$ 8.37	.003	\$ 11.84	\$.02
MEDICINE/INJECTIONS	50	58		1,909.81	32.93	.000	38.20	.01
SURGERY/ANES.	6	8		886.89	110.86	.000	147.82	.00
RADIO./PATHOLOGY	3	5		86.50	17.30	.000	28.83	.00
OTHER	674	959		5,739.67	5.99	.003	8.52	.02
@HOME HEALTH AGENCY	187	1,556	\$	77,846.53	\$ 50.03	.004	\$ 416.29	\$.21
NURSE ANESTHESIST	18	140	\$	1,492.16	\$ 10.66	.000	\$ 82.90	\$.00
NURSE MIDWIFE	2	3	\$	181.44	\$ 60.48	.000	\$ 90.72	\$.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	27.50	\$ 27.50	.000	\$ 27.50	\$.00
FAMILY NURSE PRACTITIONER	61	70	\$	2,320.09	\$ 33.14	.000	\$ 38.03	\$.01
@TOTAL HOSPITAL	21,584	92,124	\$	16,313,309.78	\$ 177.08	.243	\$ 755.81	\$ 42.98
HOSP INPATIENT TOTAL	2,876	12,899		14,242,906.72	1104.19	.034	4952.33	37.53
HSC HOSPITALS	2,196	9,424		11,785,597.36	1250.59	.025	5366.85	31.05
NON-HSC HOSPITAL TOTAL	441	1,686		2,229,027.99	1322.08	.004	5054.49	5.87
ACCOMMODATIONS	441	1,686		704,027.70	417.57	.004	1596.43	1.85
ADMINISTRATIVE DAYS	26	192		43,941.65	228.86	.001	1690.06	.12
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	416	1,494		660,086.05	441.82	.004	1586.75	1.74
ANCILLARIES	441	0		1,525,000.29	.00	.000	3458.05	4.02
INPATIENT CROSSOVERS	261	1,789		228,281.37	127.60	.005	874.64	.60
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19,435	79,225		2,070,403.06	26.13	.209	106.53	5.45
MEDICAL	5,484	7,839		295,577.83	37.71	.021	53.90	.78
SURGERY	1,570	1,783		75,855.68	42.54	.005	48.32	.20
PATHOLOGY	6,616	25,665		271,530.34	10.58	.068	41.04	.72
RADIOLOGY	5,384	7,340		456,994.93	62.26	.019	84.88	1.20
ROOM USE	10,876	13,651		542,174.03	39.72	.036	49.85	1.43
CROSSOVERS/ALL OTH OUTPTNT	8,159	22,947		428,270.25	18.66	.060	52.49	1.13
@COUNTY HOSPITAL TOTAL	196	1,062	\$	325,374.18	\$ 306.38	.003	\$ 1660.07	\$.86
CO HOSPITAL INPATIENT TOTAL	38	239		301,381.96	1261.01	.001	7931.10	.79
HSC HOSPITALS	36	217		275,802.28	1270.98	.001	7661.17	.73
NON-HSC HOSPITALS TOTAL	4	22		25,579.68	1162.71	.000	6394.92	.07
ACCOMMODATIONS	4	22		5,088.60	231.30	.000	1272.15	.01
ADMINISTRATIVE DAYS	3	8		1,850.40	231.30	.000	616.80	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	14		3,238.20	231.30	.000	3238.20	.01
ANCILLARIES	4	0		20,491.08	.00	.000	5122.77	.05
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	169	823		23,992.22	29.15	.002	141.97	.06
MEDICAL	59	113		4,453.06	39.41	.000	75.48	.01
SURGERY	15	19		1,310.74	68.99	.000	87.38	.00
PATHOLOGY	54	247		3,112.03	12.60	.001	57.63	.01

RADIOLOGY	39	63	3,572.27	56.70	.000	91.60	.01
ROOM USE	102	149	5,774.49	38.75	.000	56.61	.02
CROSSOVERS/ALL OTH OUTPTNT	90	232	5,769.63	24.87	.001	64.11	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

					----- MONTHLY AVERAGE -----			
379,552 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	21,412	91,062	\$ 15,987,935.60	\$ 175.57	.240	\$ 746.68	\$ 42.12	
COMM HOSP INPATIENT TOTAL	2,840	12,660	13,941,524.76	1101.23	.033	4908.99	36.73	
HSC HOSPITALS	2,162	9,207	11,509,795.08	1250.11	.024	5323.68	30.32	
NON-HSC HOSPITALS TOTAL	437	1,664	2,203,448.31	1324.19	.004	5042.22	5.81	
ACCOMMODATIONS	437	1,664	698,939.10	420.04	.004	1599.40	1.84	
ADMINISTRATIVE DAYS	23	184	42,091.25	228.76	.000	1830.05	.11	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	415	1,480	656,847.85	443.82	.004	1582.77	1.73	
ANCILLARIES	437	0	1,504,509.21	.00	.000	3442.81	3.96	
INPATIENT CROSSOVERS	261	1,789	228,281.37	127.60	.005	874.64	.60	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	19,284	78,402	2,046,410.84	26.10	.207	106.12	5.39	
MEDICAL	5,427	7,726	291,124.77	37.68	.020	53.64	.77	
SURGERY	1,555	1,764	74,544.94	42.26	.005	47.94	.20	
PATHOLOGY	6,564	25,418	268,418.31	10.56	.067	40.89	.71	
RADIOLOGY	5,350	7,277	453,422.66	62.31	.019	84.75	1.19	
ROOM USE	10,785	13,502	536,399.54	39.73	.036	49.74	1.41	
CROSSOVERS/ALL OTH OUTPTNT	8,072	22,715	422,500.62	18.60	.060	52.34	1.11	
@STATE HOSPITAL	12	346	\$ 135,907.28	\$ 392.80	.001	\$ 11325.61	\$.36	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	12	346	135,907.28	392.80	.001	11325.61	.36	
@NURSING FACILITY	4,706	138,362	\$ 13,945,679.07	\$ 100.79	.365	\$ 2963.38	\$ 36.74	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	21	678	66,615.00	98.25	.002	3172.14	.18	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	15	471	232,743.70	494.15	.001	15516.25	.61	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	4,670	137,213	13,646,320.37	99.45	.362	2922.12	35.95	
@INTERMEDIATE CARE FACIL.-DD	233	8,082	\$ 1,274,279.03	\$ 157.67	.021	\$ 5469.01	\$ 3.36	
ICF DDH	79	2,511	342,563.37	136.43	.007	4336.25	.90	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	154	5,571	931,715.66	167.24	.015	6050.10	2.45	
@HEMODIALYSIS TOTAL	471	7,010	\$ 519,123.71	\$ 74.05	.018	\$ 1102.17	\$ 1.37	
HOSPITAL BASED	7	190	94,597.88	497.88	.001	13513.98	.25	
HEMODIALYSIS CENTER	464	6,820	424,525.83	62.25	.018	914.93	1.12	
@REHABILITATION FACILITY	143	956	\$ 23,565.38	\$ 24.65	.003	\$ 164.79	\$.06	
HOSPITAL BASED	95	348	11,553.96	33.20	.001	121.62	.03	
INDEPENDENT FACILITY	50	608	12,011.42	19.76	.002	240.23	.03	
@LABORATORY FACILITY	14,729	50,143	\$ 682,666.20	\$ 13.61	.132	\$ 46.35	\$ 1.80	
PATHOLOGY	14,605	49,956	679,834.99	13.61	.132	46.55	1.79	
XO AND OTHERS	130	187	2,831.21	15.14	.000	21.78	.01	
@ORGANIZED OUTPATIENT CLINIC	44,666	76,789	\$ 6,683,801.78	\$ 87.04	.202	\$ 149.64	\$ 17.61	
CLINIC	3,541	12,629	284,527.49	22.53	.033	80.35	.75	
SURGICENTER	1,394	4,417	177,021.01	40.08	.012	126.99	.47	
HEROIN DETOX CLINIC	7	80	858.12	10.73	.000	122.59	.00	
RURAL HEALTH CLINIC	40,544	59,663	6,221,395.16	104.28	.157	153.45	16.39	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,532
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

379,552 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	19,231	250,684	\$ 1,837,119.67	\$ 7.33	.660	\$ 95.53	\$ 4.84
DURABLE MED. EQUIP.	484	2,267	206,200.51	90.96	.006	426.03	.54
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	223	394	91,659.92	232.64	.001	411.03	.24
MEDICAL TRANSPORTATION	2,368	65,151	595,138.08	9.13	.172	251.33	1.57
AMBULANCES/AIR TRANS	1,735	25,556	305,106.00	11.94	.067	175.85	.80
OTHER TRANS	560	38,196	152,955.23	4.00	.101	273.13	.40
OTHER SERVICES	186	1,399	137,076.85	97.98	.004	736.97	.36
ACUPUNCTURE	98	206	3,884.53	18.86	.001	39.64	.01
ADULT DAY HEALTH CARE CTR	72	954	66,244.44	69.44	.003	920.06	.17
GENETIC DISEASE TESTING	700	702	72,512.25	103.29	.002	103.59	.19
IHMC,MODEL-NF,NF,AIDS,MSSP	143	546	50,820.50	93.08	.001	355.39	.13
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4,279	9,858	112,019.27	11.36	.026	26.18	.30
PHYSICAL THERAPIST	2	7	325.27	46.47	.000	162.64	.00
PORTABLE X-RAY	35	79	522.50	6.61	.000	14.93	.00
PROSTHETIST/ORTHOTISTS	563	1,065	68,373.53	64.20	.003	121.44	.18
PROSTHETICS	337	793	50,798.40	64.06	.002	150.74	.13
ORTHOTICS	240	272	17,575.13	64.61	.001	73.23	.05
PSYCHOLOGIST	6	29	1,504.54	51.88	.000	250.76	.00
SPEECH AND AUDIOLOGY	186	415	26,415.99	63.65	.001	142.02	.07
HOSPICE SERVICES	46	1,036	108,677.07	104.90	.003	2362.55	.29
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9,129	32,808	316,847.54	9.66	.086	34.71	.83
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,526	135,167	115,973.73	.86	.356	76.00	.31
@CALIF. CHILDREN SERVICES*	1,666	16,672	\$ 4,463,536.16	\$ 267.73	.044	\$ 2679.19	\$ 11.76
@XOVER EXCLUDING STATE HOSP**	7,336	92,709	\$ 1,300,810.52	\$ 14.03	.244	\$ 177.32	\$ 3.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,533
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

13,918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,102	45,033	\$ 1,710,550.92	\$ 37.98	3.236	\$ 240.85	\$ 122.90
@PHYSICIANS SERVICES	2,217	5,046	\$ 231,094.11	\$ 45.80	.363	\$ 104.24	\$ 16.60
OUTPATIENT VISITS	1,657	2,357	96,332.09	40.87	.169	58.14	6.92
OFFICE VISITS	1,053	1,321	45,605.24	34.52	.095	43.31	3.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	422	470	24,430.30	51.98	.034	57.89	1.76
PREVENTIVE CARE	2	2	92.22	46.11	.000	46.11	.01
OB VISITS/COMPRE PERI	182	462	22,861.55	49.48	.033	125.61	1.64
OTHER OUTPATIENT	93	102	3,342.78	32.77	.007	35.94	.24
INPATIENT VISITS	120	356	28,828.96	80.98	.026	240.24	2.07
HOSPITAL VISITS	107	245	12,413.15	50.67	.018	116.01	.89
CRITICAL CARE	16	106	16,278.31	153.57	.008	1017.39	1.17
SNF/ICF/TRANS IP CARE	5	5	137.50	27.50	.000	27.50	.01
OPHTHALMOLOGICAL SERVICES	19	20	921.25	46.06	.001	48.49	.07
EXAMINATIONS	19	20	921.25	46.06	.001	48.49	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	88	309	48,027.32	155.43	.022	545.77	3.45
PRINCIPAL SURGEON	67	78	38,506.29	493.67	.006	574.72	2.77
ASSISTANT SURGEON	10	10	2,618.93	261.89	.001	261.89	.19
ANESTHESIOLOGIST	26	221	6,902.10	31.23	.016	265.47	.50

OUTPATIENT SURGERY	135	345		19,402.76		56.24	.025	143.72	1.39
PRINCIPAL SURGEON	105	121		13,879.89		114.71	.009	132.19	1.00
ASSISTANT SURGEON	4	4		301.95		75.49	.000	75.49	.02
ANESTHESIOLOGIST	45	220		5,220.92		23.73	.016	116.02	.38
DIALYSIS	0	0		458.40		.00	.000	.00	.03
PATHOLOGY	248	447		2,802.00		6.27	.032	11.30	.20
RADIOLOGY	460	667		19,127.65		28.68	.048	41.58	1.37
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	39	54		1,259.83		23.33	.004	32.30	.09
OTHER SERVICES/ALL X-OVERS	277	491		13,933.85		28.38	.035	50.30	1.00
@PHARMACY	3,258	7,037	\$	264,214.70	\$	37.55	.506	81.10	18.98
PRESCRIPTION DRUGS	3,221	6,888		261,220.72		37.92	.495	81.10	18.77
SNF/ICF	26	97		10,262.03		105.79	.007	394.69	.74
OUTPATIENTS	3,196	6,791		250,958.69		36.95	.488	78.52	18.03
MEDICAL SUPPLIES	94	149		2,993.98		20.09	.011	31.85	.22
@DENTIST	563	3,505	\$	117,758.08	\$	33.60	.252	209.16	8.46
VISITS - DIAGNOSTIC	422	2,244		32,873.86		14.65	.161	77.90	2.36
ORAL SURGERY	67	141		13,353.00		94.70	.010	199.30	.96
DRUGS	12	29		430.00		14.83	.002	35.83	.03
ANESTHESIA	16	18		1,700.00		94.44	.001	106.25	.12
PERIODONTICS	15	16		1,186.00		74.13	.001	79.07	.09
ENDODONTICS	51	118		18,287.00		154.97	.008	358.57	1.31
RESTORATIVE DENTISTRY	233	853		42,611.25		49.95	.061	182.88	3.06
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	3	10		447.00		44.70	.001	149.00	.03
SPACE MAINTAINERS	9	8		1,171.00		146.38	.001	130.11	.08
MAXILLOFACIAL SERVICES	10	9		2,593.97		288.22	.001	259.40	.19
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	44	50		2,955.00		59.10	.004	67.16	.21
ALL OTHER SERVICES	18	9		150.00		16.67	.001	8.33	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
MERCED COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W								

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01/29/04

13,918 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	132	420	\$	9,941.18	\$ 23.67	.030	\$ 75.31	\$.71
DIAGNOSTIC AND ANC. PROCED	81	81		3,694.29	45.61	.006	45.61	.27
EYE APPLIANCES	108	313		4,569.38	14.60	.022	42.31	.33
OTHER OPTOMETRIC SERVICES	26	26		1,677.51	64.52	.002	64.52	.12
@CHIROPRACTOR	9	11	\$	183.92	\$ 16.72	.001	\$ 20.44	\$.01
VISITS	9	11		183.92	16.72	.001	20.44	.01
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	7	13	\$	883.72	\$ 67.98	.001	\$ 126.25	\$.06
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	965	3,804	\$	602,905.86	\$ 158.49	.273	\$ 624.77	\$ 43.32
HOSP INPATIENT TOTAL	94	413		518,633.43	1255.77	.030	5517.38	37.26
HSC HOSPITALS	86	384		476,925.23	1241.99	.028	5545.64	34.27
NON-HSC HOSPITAL TOTAL	9	29		41,708.20	1438.21	.002	4634.24	3.00
ACCOMMODATIONS	9	29		13,727.70	473.37	.002	1525.30	.99
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	9	29	13,727.70	473.37	.002	1525.30	.99
ANCILLARIES	9	0	27,980.50	.00	.000	3108.94	2.01
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	893	3,391	84,272.43	24.85	.244	94.37	6.05
MEDICAL	287	379	14,831.05	39.13	.027	51.68	1.07
SURGERY	73	86	4,060.22	47.21	.006	55.62	.29
PATHOLOGY	334	1,275	13,784.88	10.81	.092	41.27	.99
RADIOLOGY	226	278	13,680.33	49.21	.020	60.53	.98
ROOM USE	593	716	28,092.60	39.24	.051	47.37	2.02
CROSSOVERS/ALL OTH OUTPTNT	317	657	9,823.35	14.95	.047	30.99	.71
@COUNTY HOSPITAL TOTAL	4	7	\$ 201.06	\$ 28.72	.001	\$ 50.27	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	7	201.06	28.72	.001	50.27	.01
MEDICAL	2	2	62.10	31.05	.000	31.05	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	119.99	40.00	.000	40.00	.01
CROSSOVERS/ALL OTH OUTPTNT	2	2	18.97	9.49	.000	9.49	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,535
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	13,918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	961	3,797	\$	602,704.80	\$ 158.73	.273	\$ 627.16	\$ 43.30
COMM HOSP INPATIENT TOTAL	94	413		518,633.43	1255.77	.030	5517.38	37.26
HSC HOSPITALS	86	384		476,925.23	1241.99	.028	5545.64	34.27
NON-HSC HOSPITALS TOTAL	9	29		41,708.20	1438.21	.002	4634.24	3.00
ACCOMMODATIONS	9	29		13,727.70	473.37	.002	1525.30	.99
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	29		13,727.70	473.37	.002	1525.30	.99
ANCILLARIES	9	0		27,980.50	.00	.000	3108.94	2.01
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	889	3,384		84,071.37	24.84	.243	94.57	6.04
MEDICAL	285	377		14,768.95	39.17	.027	51.82	1.06
SURGERY	73	86		4,060.22	47.21	.006	55.62	.29
PATHOLOGY	334	1,275		13,784.88	10.81	.092	41.27	.99
RADIOLOGY	226	278		13,680.33	49.21	.020	60.53	.98
ROOM USE	590	713		27,972.61	39.23	.051	47.41	2.01
CROSSOVERS/ALL OTH OUTPTNT	315	655		9,804.38	14.97	.047	31.13	.70
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	12	365	\$	66,718.35	\$ 182.79	.026	\$ 5559.86	\$ 4.79
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	12	365		66,718.35	182.79	.026	5559.86	4.79
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	30	\$	705.18	\$ 23.51	.002	\$ 141.04	\$.05
HOSPITAL BASED	3	13		402.27	30.94	.001	134.09	.03
INDEPENDENT FACILITY	2	17		302.91	17.82	.001	151.46	.02
@LABORATORY FACILITY	689	1,905	\$	27,967.68	\$ 14.68	.137	\$ 40.59	\$ 2.01
PATHOLOGY	688	1,904		27,908.18	14.66	.137	40.56	2.01
XO AND OTHERS	1	1		59.50	59.50	.000	59.50	.00

@ORGANIZED OUTPATIENT CLINIC	2,449	4,167	\$	332,474.92	\$	79.79	.299	\$	135.76	\$	23.89
CLINIC	275	1,010		23,956.00		23.72	.073		87.11		1.72
SURGICENTER	48	246		9,194.12		37.37	.018		191.54		.66
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,162	2,911		299,324.80		102.83	.209		138.45		21.51

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,536
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

13,918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	541	18,730	\$ 55,703.22	\$ 2.97	1.346	\$ 102.96	\$ 4.00
DURABLE MED. EQUIP.	18	28	8,373.22	299.04	.002	465.18	.60
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	16	1,885.87	117.87	.001	314.31	.14
MEDICAL TRANSPORTATION	100	1,766	22,759.39	12.89	.127	227.59	1.64
AMBULANCES/AIR TRANS	100	1,763	17,359.39	9.85	.127	173.59	1.25
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	5,400.00	1800.00	.000	1800.00	.39
ACUPUNCTURE	1	1	16.22	16.22	.000	16.22	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	33	33	3,401.00	103.06	.002	103.06	.24
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	163	372	3,589.78	9.65	.027	22.02	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	19	20	1,370.07	68.50	.001	72.11	.10
PROSTHETICS	7	8	427.64	53.46	.001	61.09	.03
ORTHOTICS	12	12	942.43	78.54	.001	78.54	.07
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	7	350.27	50.04	.001	116.76	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	182	1,007	9,861.06	9.79	.072	54.18	.71
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	32	15,480	4,096.34	.26	1.112	128.01	.29
@CALIF. CHILDREN SERVICES*	93	963	\$ 230,107.92	\$ 238.95	.069	\$ 2474.28	\$ 16.53
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,537
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	

144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	156	755	\$ 78,048.05	\$ 103.37	5.243	\$ 500.31	\$ 542.00
@PHYSICIANS SERVICES	77	240	\$ 14,521.49	\$ 60.51	1.667	\$ 188.59	\$ 100.84
OUTPATIENT VISITS	31	33	1,744.35	52.86	.229	56.27	12.11
OFFICE VISITS	5	5	155.65	31.13	.035	31.13	1.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	24	26	1,487.86	57.23	.181	61.99	10.33
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	100.84	50.42	.014	50.42	.70
INPATIENT VISITS	9	38	1,821.85	47.94	.264	202.43	12.65

HOSPITAL VISITS	9	38		1,821.85		47.94	.264	202.43	12.65
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	15	60		4,538.22		75.64	.417	302.55	31.52
PRINCIPAL SURGEON	8	9		3,393.68		377.08	.063	424.21	23.57
ASSISTANT SURGEON	3	3		287.43		95.81	.021	95.81	2.00
ANESTHESIOLOGIST	6	48		857.11		17.86	.333	142.85	5.95
OUTPATIENT SURGERY	7	12		1,648.52		137.38	.083	235.50	11.45
PRINCIPAL SURGEON	6	9		1,552.67		172.52	.063	258.78	10.78
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	2	3		95.85		31.95	.021	47.93	.67
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	4	14		66.77		4.77	.097	16.69	.46
RADIOLOGY	25	47		2,434.61		51.80	.326	97.38	16.91
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	7		277.28		39.61	.049	138.64	1.93
OTHER SERVICES/ALL X-OVERS	13	29		1,989.89		68.62	.201	153.07	13.82
@PHARMACY	16	84	\$	10,162.94	\$	120.99	.583	635.18	70.58
PRESCRIPTION DRUGS	13	31		1,548.00		49.94	.215	119.08	10.75
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	13	31		1,548.00		49.94	.215	119.08	10.75
MEDICAL SUPPLIES	6	53		8,614.94		162.55	.368	1435.82	59.83
@DENTIST	31	185	\$	559.00	\$	3.02	1.285	18.03	3.88
VISITS - DIAGNOSTIC	21	92		179.00		1.95	.639	8.52	1.24
ORAL SURGERY	8	9		380.00		42.22	.063	47.50	2.64
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		.00		.00	.007	.00	.00
ENDODONTICS	3	4		.00		.00	.028	.00	.00
RESTORATIVE DENTISTRY	9	38		.00		.00	.264	.00	.00
PROSTHETICS	3	24		.00		.00	.167	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	4	17		.00		.00	.118	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 7,538
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MIC - SOC								
				AID CODE 83					
				----- MONTHLY AVERAGE -----					
144 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00		
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00		
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	0	0	.00	.00	.000	.00	.00		
@HOME HEALTH AGENCY	1	7 \$	524.02	\$ 74.86	.049	\$ 524.02	\$ 3.64		
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00		

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	35	184	\$	49,119.02	\$	266.95	1.278	\$	1403.40	\$	341.10
HOSP INPATIENT TOTAL	11	43		46,320.27		1077.22	.299		4210.93		321.67
HSC HOSPITALS	8	29		27,210.67		938.30	.201		3401.33		188.96
NON-HSC HOSPITAL TOTAL	3	14		19,109.60		1364.97	.097		6369.87		132.71
ACCOMMODATIONS	3	14		4,858.52		347.04	.097		1619.51		33.74
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	14		4,858.52		347.04	.097		1619.51		33.74
ANCILLARIES	3	0		14,251.08		.00	.000		4750.36		98.97
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	24	141		2,798.75		19.85	.979		116.61		19.44
MEDICAL	8	9		197.85		21.98	.063		24.73		1.37
SURGERY	3	3		312.74		104.25	.021		104.25		2.17
PATHOLOGY	13	66		637.34		9.66	.458		49.03		4.43
RADIOLOGY	7	7		234.68		33.53	.049		33.53		1.63
ROOM USE	15	22		953.69		43.35	.153		63.58		6.62
CROSSOVERS/ALL OTH OUTPTNT	15	34		462.45		13.60	.236		30.83		3.21
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,539
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	184	\$ 49,119.02	\$ 266.95	1.278	\$ 1403.40	\$ 341.10
COMM HOSP INPATIENT TOTAL	11	43	46,320.27	1077.22	.299	4210.93	321.67
HSC HOSPITALS	8	29	27,210.67	938.30	.201	3401.33	188.96
NON-HSC HOSPITALS TOTAL	3	14	19,109.60	1364.97	.097	6369.87	132.71
ACCOMMODATIONS	3	14	4,858.52	347.04	.097	1619.51	33.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	14	4,858.52	347.04	.097	1619.51	33.74
ANCILLARIES	3	0	14,251.08	.00	.000	4750.36	98.97
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	24	141	2,798.75	19.85	.979	116.61	19.44
MEDICAL	8	9	197.85	21.98	.063	24.73	1.37
SURGERY	3	3	312.74	104.25	.021	104.25	2.17
PATHOLOGY	13	66	637.34	9.66	.458	49.03	4.43

RADIOLOGY	7	7		234.68		33.53	.049	33.53		1.63
ROOM USE	15	22		953.69		43.35	.153	63.58		6.62
CROSSOVERS/ALL OTH OUTPTNT	15	34		462.45		13.60	.236	30.83		3.21
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
LEV B-REGULAR	0	0		.00		.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	.00
ICF DD	0	0		.00		.00	.000		.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	11	20	\$	258.73	\$	12.94	.139	\$ 23.52	\$ 1.80
PATHOLOGY	11	20		258.73		12.94	.139	23.52	1.80
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	14	15	\$	2,406.67	\$	160.44	.104	\$ 171.91	\$ 16.71
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	14	15		2,406.67		160.44	.104	171.91	16.71

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,540
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9	20	\$ 496.18	\$ 24.81	.139	\$ 55.13	\$ 3.45
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	11	408.18	37.11	.076	102.05	2.83
AMBULANCES/AIR TRANS	4	11	408.18	37.11	.076	102.05	2.83
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	9	88.00	9.78	.063	17.60	.61
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	34	\$ 5,156.30	\$ 151.66	.236	\$ 736.61	\$ 35.81
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,541
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

14,062 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	7,258	45,788	\$	1,788,598.97	\$	39.06	3.256	\$	246.43	\$	127.19
@PHYSICIANS SERVICES	2,294	5,286	\$	245,615.60	\$	46.47	.376	\$	107.07	\$	17.47
OUTPATIENT VISITS	1,688	2,390		98,076.44		41.04	.170		58.10		6.97
OFFICE VISITS	1,058	1,326		45,760.89		34.51	.094		43.25		3.25
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	446	496		25,918.16		52.25	.035		58.11		1.84
PREVENTIVE CARE	2	2		92.22		46.11	.000		46.11		.01
OB VISITS/COMPRE PERI	182	462		22,861.55		49.48	.033		125.61		1.63
OTHER OUTPATIENT	95	104		3,443.62		33.11	.007		36.25		.24
INPATIENT VISITS	129	394		30,650.81		77.79	.028		237.60		2.18
HOSPITAL VISITS	116	283		14,235.00		50.30	.020		122.72		1.01
CRITICAL CARE	16	106		16,278.31		153.57	.008		1017.39		1.16
SNF/ICF/TRANS IP CARE	5	5		137.50		27.50	.000		27.50		.01
OPHTHALMOLOGICAL SERVICES	19	20		921.25		46.06	.001		48.49		.07
EXAMINATIONS	19	20		921.25		46.06	.001		48.49		.07
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	103	369		52,565.54		142.45	.026		510.35		3.74
PRINCIPAL SURGEON	75	87		41,899.97		481.61	.006		558.67		2.98
ASSISTANT SURGEON	13	13		2,906.36		223.57	.001		223.57		.21
ANESTHESIOLOGIST	32	269		7,759.21		28.84	.019		242.48		.55
OUTPATIENT SURGERY	142	357		21,051.28		58.97	.025		148.25		1.50
PRINCIPAL SURGEON	111	130		15,432.56		118.71	.009		139.03		1.10
ASSISTANT SURGEON	4	4		301.95		75.49	.000		75.49		.02
ANESTHESIOLOGIST	47	223		5,316.77		23.84	.016		113.12		.38
DIALYSIS	0	0		458.40		.00	.000		.00		.03
PATHOLOGY	252	461		2,868.77		6.22	.033		11.38		.20
RADIOLOGY	485	714		21,562.26		30.20	.051		44.46		1.53
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	41	61		1,537.11		25.20	.004		37.49		.11
OTHER SERVICES/ALL X-OVERS	290	520		15,923.74		30.62	.037		54.91		1.13
@PHARMACY	3,274	7,121	\$	274,377.64	\$	38.53	.506	\$	83.81	\$	19.51
PRESCRIPTION DRUGS	3,234	6,919		262,768.72		37.98	.492		81.25		18.69
SNF/ICF	26	97		10,262.03		105.79	.007		394.69		.73
OUTPATIENTS	3,209	6,822		252,506.69		37.01	.485		78.69		17.96
MEDICAL SUPPLIES	100	202		11,608.92		57.47	.014		116.09		.83
@DENTIST	594	3,690	\$	118,317.08	\$	32.06	.262	\$	199.19	\$	8.41
VISITS - DIAGNOSTIC	443	2,336		33,052.86		14.15	.166		74.61		2.35
ORAL SURGERY	75	150		13,733.00		91.55	.011		183.11		.98
DRUGS	12	29		430.00		14.83	.002		35.83		.03
ANESTHESIA	16	18		1,700.00		94.44	.001		106.25		.12
PERIODONTICS	16	17		1,186.00		69.76	.001		74.13		.08
ENDODONTICS	54	122		18,287.00		149.89	.009		338.65		1.30
RESTORATIVE DENTISTRY	242	891		42,611.25		47.82	.063		176.08		3.03
PROSTHETICS	3	24		.00		.00	.002		.00		.00
DENTURES, STAYPLATES	3	10		447.00		44.70	.001		149.00		.03
SPACE MAINTAINERS	9	8		1,171.00		146.38	.001		130.11		.08
MAXILLOFACIAL SERVICES	10	9		2,593.97		288.22	.001		259.40		.18
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	44	50		2,955.00		59.10	.004		67.16		.21
ALL OTHER SERVICES	22	26		150.00		5.77	.002		6.82		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 7,542
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL										
14,062 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE					
		OR DAYS OF CARE			PER UNIT/DAY	UNITS/DAYS	COST PER			COST PER	
@OPTOMETRIST	132	420	\$	9,941.18	\$	.030	\$	75.31	\$	.71	
DIAGNOSTIC AND ANC. PROCED	81	81		3,694.29	45.61	.006		45.61		.26	
EYE APPLIANCES	108	313		4,569.38	14.60	.022		42.31		.32	
OTHER OPTOMETRIC SERVICES	26	26		1,677.51	64.52	.002		64.52		.12	

@CHIROPRACTOR	9	11	\$	183.92	\$	16.72	.001	\$	20.44	\$	.01
VISITS	9	11		183.92		16.72	.001		20.44		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	8	20	\$	1,407.74	\$	70.39	.001	\$	175.97	\$	.10
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1,000	3,988	\$	652,024.88	\$	163.50	.284	\$	652.02	\$	46.37
HOSP INPATIENT TOTAL	105	456		564,953.70		1238.93	.032		5380.51		40.18
HSC HOSPITALS	94	413		504,135.90		1220.67	.029		5363.15		35.85
NON-HSC HOSPITAL TOTAL	12	43		60,817.80		1414.37	.003		5068.15		4.32
ACCOMMODATIONS	12	43		18,586.22		432.24	.003		1548.85		1.32
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	43		18,586.22		432.24	.003		1548.85		1.32
ANCILLARIES	12	0		42,231.58		.00	.000		3519.30		3.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	917	3,532		87,071.18		24.65	.251		94.95		6.19
MEDICAL	295	388		15,028.90		38.73	.028		50.95		1.07
SURGERY	76	89		4,372.96		49.13	.006		57.54		.31
PATHOLOGY	347	1,341		14,422.22		10.75	.095		41.56		1.03
RADIOLOGY	233	285		13,915.01		48.82	.020		59.72		.99
ROOM USE	608	738		29,046.29		39.36	.052		47.77		2.07
CROSSOVERS/ALL OTH OUTPTNT	332	691		10,285.80		14.89	.049		30.98		.73
@COUNTY HOSPITAL TOTAL	4	7	\$	201.06	\$	28.72	.000	\$	50.27	\$	.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	7		201.06		28.72	.000		50.27		.01
MEDICAL	2	2		62.10		31.05	.000		31.05		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	3	3		119.99		40.00	.000		40.00		.01
CROSSOVERS/ALL OTH OUTPTNT	2	2		18.97		9.49	.000		9.49		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 7,543
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL										

----- MONTHLY AVERAGE -----											
14,062 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@COMMUNITY HOSPITAL TOTAL	996	3,981	\$ 651,823.82	\$ 163.73	.283	\$ 654.44	\$ 46.35				
COMM HOSP INPATIENT TOTAL	105	456	564,953.70	1238.93	.032	5380.51	40.18				
HSC HOSPITALS	94	413	504,135.90	1220.67	.029	5363.15	35.85				
NON-HSC HOSPITALS TOTAL	12	43	60,817.80	1414.37	.003	5068.15	4.32				
ACCOMMODATIONS	12	43	18,586.22	432.24	.003	1548.85	1.32				

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	43	18,586.22	432.24	.003	1548.85	1.32
ANCILLARIES	12	0	42,231.58	.00	.000	3519.30	3.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	913	3,525	86,870.12	24.64	.251	95.15	6.18
MEDICAL	293	386	14,966.80	38.77	.027	51.08	1.06
SURGERY	76	89	4,372.96	49.13	.006	57.54	.31
PATHOLOGY	347	1,341	14,422.22	10.75	.095	41.56	1.03
RADIOLOGY	233	285	13,915.01	48.82	.020	59.72	.99
ROOM USE	605	735	28,926.30	39.36	.052	47.81	2.06
CROSSOVERS/ALL OTH OUTPTNT	330	689	10,266.83	14.90	.049	31.11	.73
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	12	365	66,718.35	182.79	.026	5559.86	4.74
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	365	66,718.35	182.79	.026	5559.86	4.74
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	30	705.18	23.51	.002	141.04	.05
HOSPITAL BASED	3	13	402.27	30.94	.001	134.09	.03
INDEPENDENT FACILITY	2	17	302.91	17.82	.001	151.46	.02
@LABORATORY FACILITY	700	1,925	28,226.41	14.66	.137	40.32	2.01
PATHOLOGY	699	1,924	28,166.91	14.64	.137	40.30	2.00
XO AND OTHERS	1	1	59.50	59.50	.000	59.50	.00
@ORGANIZED OUTPATIENT CLINIC	2,463	4,182	334,881.59	80.08	.297	135.96	23.81
CLINIC	275	1,010	23,956.00	23.72	.072	87.11	1.70
SURGICENTER	48	246	9,194.12	37.37	.017	191.54	.65
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,176	2,926	301,731.47	103.12	.208	138.66	21.46

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,544
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

	14,062 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	550	18,750	\$	56,199.40	\$ 3.00	1.333	\$ 102.18	\$ 4.00
DURABLE MED. EQUIP.	18	28		8,373.22	299.04	.002	465.18	.60
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	16		1,885.87	117.87	.001	314.31	.13
MEDICAL TRANSPORTATION	104	1,777		23,167.57	13.04	.126	222.77	1.65
AMBULANCES/AIR TRANS	104	1,774		17,767.57	10.02	.126	170.84	1.26
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	3	3		5,400.00	1800.00	.000	1800.00	.38
ACUPUNCTURE	1	1		16.22	16.22	.000	16.22	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	33	33		3,401.00	103.06	.002	103.06	.24
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00

OPTICIAN	163	372	3,589.78	9.65	.026	22.02	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	19	20	1,370.07	68.50	.001	72.11	.10
PROSTHETICS	7	8	427.64	53.46	.001	61.09	.03
ORTHOTICS	12	12	942.43	78.54	.001	78.54	.07
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	7	350.27	50.04	.000	116.76	.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	187	1,016	9,949.06	9.79	.072	53.20	.71
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	32	15,480	4,096.34	.26	1.101	128.01	.29
@CALIF. CHILDREN SERVICES*	100	997	\$ 235,264.22	\$ 235.97	.071	\$ 2352.64	\$ 16.73

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,545
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 MERCED COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00		.00
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	0	0	.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00

MOP024
MERCED COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,548
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,549
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86	

568 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	515	4,837	\$ 464,955.54	\$ 96.12	8.516	\$ 902.83	\$ 818.58
@PHYSICIANS SERVICES	339	1,405	\$ 85,604.57	\$ 60.93	2.474	\$ 252.52	\$ 150.71
OUTPATIENT VISITS	208	540	21,823.27	40.41	.951	104.92	38.42
OFFICE VISITS	65	90	2,886.58	32.07	.158	44.41	5.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	33	39	1,981.28	50.80	.069	60.04	3.49
PREVENTIVE CARE	1	1	34.69	34.69	.002	34.69	.06
OB VISITS/COMPRE PERI	149	404	16,811.44	41.61	.711	112.83	29.60
OTHER OUTPATIENT	2	6	109.28	18.21	.011	54.64	.19
INPATIENT VISITS	56	189	14,828.35	78.46	.333	264.79	26.11
HOSPITAL VISITS	49	121	5,024.51	41.52	.213	102.54	8.85
CRITICAL CARE	11	68	9,803.84	144.17	.120	891.26	17.26
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.002	46.44	.08
EXAMINATIONS	1	1	46.44	46.44	.002	46.44	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	67	202	33,251.84	164.61	.356	496.30	58.54
PRINCIPAL SURGEON	50	55	27,382.39	497.86	.097	547.65	48.21
ASSISTANT SURGEON	10	10	1,865.00	186.50	.018	186.50	3.28
ANESTHESIOLOGIST	20	137	4,004.45	29.23	.241	200.22	7.05
OUTPATIENT SURGERY	32	63	4,168.33	66.16	.111	130.26	7.34
PRINCIPAL SURGEON	27	34	3,467.72	101.99	.060	128.43	6.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	29	700.61	24.16	.051	53.89	1.23

DIALYSIS	0	0		.00		.00		.000		.00		.00
PATHOLOGY	71	214		1,667.41		7.79		.377		23.48		2.94
RADIOLOGY	99	119		5,831.64		49.01		.210		58.91		10.27
PSYCHIATRY	0	0		.00		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	17	21		785.43		37.40		.037		46.20		1.38
OTHER SERVICES/ALL X-OVERS	36	56		3,201.86		57.18		.099		88.94		5.64
@PHARMACY	213	1,693	\$	14,277.03	\$	8.43		2.981	\$	67.03	\$	25.14
PRESCRIPTION DRUGS	204	441		13,240.05		30.02		.776		64.90		23.31
SNF/ICF	0	0		.00		.00		.000		.00		.00
OUTPATIENTS	204	441		13,240.05		30.02		.776		64.90		23.31
MEDICAL SUPPLIES	18	1,252		1,036.98		.83		2.204		57.61		1.83
@DENTIST	15	72	\$	2,154.00	\$	29.92		.127	\$	143.60	\$	3.79
VISITS - DIAGNOSTIC	12	49		622.00		12.69		.086		51.83		1.10
ORAL SURGERY	3	4		390.00		97.50		.007		130.00		.69
DRUGS	0	0		.00		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.00		.000		.00		.00

PERIODONTICS	1	1	118.00	118.00	.002	118.00	.21
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	17	979.00	57.59	.030	163.17	1.72
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	45.00	45.00	.002	45.00	.08
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,550
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						
				AID CODE 86	----- MONTHLY AVERAGE -----		
568 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	24 \$	523.05	\$ 21.79	.042	\$ 74.72	\$.92
DIAGNOSTIC AND ANC. PROCED	5	5	189.80	37.96	.009	37.96	.33
EYE APPLIANCES	6	17	214.25	12.60	.030	35.71	.38
OTHER OPTOMETRIC SERVICES	2	2	119.00	59.50	.004	59.50	.21
@CHIROPRACTOR	2	4 \$	66.88	\$ 16.72	.007	\$ 33.44	\$.12
VISITS	2	4	66.88	16.72	.007	33.44	.12
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	139	741 \$	326,717.84	\$ 440.91	1.305	\$ 2350.49	\$ 575.21
HOSP INPATIENT TOTAL	52	246	314,758.86	1279.51	.433	6053.06	554.15
HSC HOSPITALS	46	210	275,958.49	1314.09	.370	5999.10	485.84
NON-HSC HOSPITAL TOTAL	7	36	38,800.37	1077.79	.063	5542.91	68.31
ACCOMMODATIONS	7	36	12,170.94	338.08	.063	1738.71	21.43
ADMINISTRATIVE DAYS	1	14	3,238.20	231.30	.025	3238.20	5.70
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	22	8,932.74	406.03	.039	1488.79	15.73
ANCILLARIES	7	0	26,629.43	.00	.000	3804.20	46.88
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	101	495	11,958.98	24.16	.871	118.41	21.05
MEDICAL	28	44	2,339.86	53.18	.077	83.57	4.12
SURGERY	8	8	285.67	35.71	.014	35.71	.50
PATHOLOGY	55	199	2,337.44	11.75	.350	42.50	4.12
RADIOLOGY	17	20	1,322.25	66.11	.035	77.78	2.33
ROOM USE	52	98	3,881.37	39.61	.173	74.64	6.83
CROSSOVERS/ALL OTH OUTPTNT	47	126	1,792.39	14.23	.222	38.14	3.16
@COUNTY HOSPITAL TOTAL	2	16 \$	452.13	\$ 28.26	.028	\$ 226.07	\$.80
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	16	452.13	28.26	.028	226.07	.80
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	2	2	57.32	28.66	.004	28.66	.10
PATHOLOGY	1	7	141.04	20.15	.012	141.04	.25
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	211.46	70.49	.005	211.46	.37
CROSSOVERS/ALL OTH OUTPTNT	1	4	42.31	10.58	.007	42.31	.07

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,551
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

568 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	137	725	\$ 326,265.71	\$ 450.02	1.276	\$ 2381.50	\$ 574.41
COMM HOSP INPATIENT TOTAL	52	246	314,758.86	1279.51	.433	6053.06	554.15
HSC HOSPITALS	46	210	275,958.49	1314.09	.370	5999.10	485.84
NON-HSC HOSPITALS TOTAL	7	36	38,800.37	1077.79	.063	5542.91	68.31
ACCOMMODATIONS	7	36	12,170.94	338.08	.063	1738.71	21.43
ADMINISTRATIVE DAYS	1	14	3,238.20	231.30	.025	3238.20	5.70
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	22	8,932.74	406.03	.039	1488.79	15.73
ANCILLARIES	7	0	26,629.43	.00	.000	3804.20	46.88
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	99	479	11,506.85	24.02	.843	116.23	20.26
MEDICAL	28	44	2,339.86	53.18	.077	83.57	4.12
SURGERY	6	6	228.35	38.06	.011	38.06	.40
PATHOLOGY	54	192	2,196.40	11.44	.338	40.67	3.87
RADIOLOGY	17	20	1,322.25	66.11	.035	77.78	2.33
ROOM USE	51	95	3,669.91	38.63	.167	71.96	6.46
CROSSOVERS/ALL OTH OUTPTNT	46	122	1,750.08	14.34	.215	38.05	3.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	133	431	\$ 6,445.98	\$ 14.96	.759	\$ 48.47	\$ 11.35
PATHOLOGY	133	431	6,445.98	14.96	.759	48.47	11.35
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	114	260	\$ 23,916.32	\$ 91.99	.458	\$ 209.79	\$ 42.11
CLINIC	19	65	1,575.74	24.24	.114	82.93	2.77
SURGICENTER	2	2	87.82	43.91	.004	43.91	.15
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
MERCED COUNTY

97 193 22,252.76
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT

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568 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	50	207	\$ 5,249.87	\$ 25.36	.364	\$ 105.00	\$ 9.24
DURABLE MED. EQUIP.	1	2	38.26	19.13	.004	38.26	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	165	2,245.33	13.61	.290	132.08	3.95
AMBULANCES/AIR TRANS	17	165	2,245.33	13.61	.290	132.08	3.95
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	19	19	1,995.00	105.00	.033	105.00	3.51
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	60.84	7.61	.014	20.28	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	32.20	16.10	.004	32.20	.06
PROSTHETIST/ORTHOTISTS	9	9	779.05	86.56	.016	86.56	1.37
PROSTHETICS	1	1	26.27	26.27	.002	26.27	.05
ORTHOTICS	8	8	752.78	94.10	.014	94.10	1.33
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.004	99.19	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	60	\$ 55,363.59	\$ 922.73	.106	\$ 9227.27	\$ 97.47
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,553
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

568 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	515	4,837	\$ 464,955.54	\$ 96.12	8.516	\$ 902.83	\$ 818.58
@PHYSICIANS SERVICES	339	1,405	\$ 85,604.57	\$ 60.93	2.474	\$ 252.52	\$ 150.71
OUTPATIENT VISITS	208	540	21,823.27	40.41	.951	104.92	38.42
OFFICE VISITS	65	90	2,886.58	32.07	.158	44.41	5.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	33	39	1,981.28	50.80	.069	60.04	3.49
PREVENTIVE CARE	1	1	34.69	34.69	.002	34.69	.06
OB VISITS/COMPRE PERI	149	404	16,811.44	41.61	.711	112.83	29.60
OTHER OUTPATIENT	2	6	109.28	18.21	.011	54.64	.19
INPATIENT VISITS	56	189	14,828.35	78.46	.333	264.79	26.11
HOSPITAL VISITS	49	121	5,024.51	41.52	.213	102.54	8.85
CRITICAL CARE	11	68	9,803.84	144.17	.120	891.26	17.26
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.002	46.44	.08

EXAMINATIONS	1	1		46.44	46.44	.002	46.44	.08	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	67	202		33,251.84	164.61	.356	496.30	58.54	
PRINCIPAL SURGEON	50	55		27,382.39	497.86	.097	547.65	48.21	
ASSISTANT SURGEON	10	10		1,865.00	186.50	.018	186.50	3.28	
ANESTHESIOLOGIST	20	137		4,004.45	29.23	.241	200.22	7.05	
OUTPATIENT SURGERY	32	63		4,168.33	66.16	.111	130.26	7.34	
PRINCIPAL SURGEON	27	34		3,467.72	101.99	.060	128.43	6.11	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	13	29		700.61	24.16	.051	53.89	1.23	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	71	214		1,667.41	7.79	.377	23.48	2.94	
RADIOLOGY	99	119		5,831.64	49.01	.210	58.91	10.27	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	17	21		785.43	37.40	.037	46.20	1.38	
OTHER SERVICES/ALL X-OVERS	36	56		3,201.86	57.18	.099	88.94	5.64	
@PHARMACY	213	1,693	\$	14,277.03	8.43	2.981	67.03	25.14	
PRESCRIPTION DRUGS	204	441		13,240.05	30.02	.776	64.90	23.31	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	204	441		13,240.05	30.02	.776	64.90	23.31	
MEDICAL SUPPLIES	18	1,252		1,036.98	.83	2.204	57.61	1.83	
@DENTIST	15	72	\$	2,154.00	29.92	.127	143.60	3.79	
VISITS - DIAGNOSTIC	12	49		622.00	12.69	.086	51.83	1.10	
ORAL SURGERY	3	4		390.00	97.50	.007	130.00	.69	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	1	1		118.00	118.00	.002	118.00	.21	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	6	17		979.00	57.59	.030	163.17	1.72	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	1	1		45.00	45.00	.002	45.00	.08	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 7,554
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL								

568 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	24	\$ 523.05	\$ 21.79	.042	\$ 74.72	\$.92
DIAGNOSTIC AND ANC. PROCED	5	5	189.80	37.96	.009	37.96	.33
EYE APPLIANCES	6	17	214.25	12.60	.030	35.71	.38
OTHER OPTOMETRIC SERVICES	2	2	119.00	59.50	.004	59.50	.21
@CHIROPRACTOR	2	4	\$ 66.88	\$ 16.72	.007	\$ 33.44	\$.12
VISITS	2	4	66.88	16.72	.007	33.44	.12
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	139	741	\$ 326,717.84	\$ 440.91	1.305	\$ 2350.49	\$ 575.21

HOSP INPATIENT TOTAL	52	246	314,758.86	1279.51	.433	6053.06	554.15
HSC HOSPITALS	46	210	275,958.49	1314.09	.370	5999.10	485.84
NON-HSC HOSPITAL TOTAL	7	36	38,800.37	1077.79	.063	5542.91	68.31
ACCOMMODATIONS	7	36	12,170.94	338.08	.063	1738.71	21.43
ADMINISTRATIVE DAYS	1	14	3,238.20	231.30	.025	3238.20	5.70
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	22	8,932.74	406.03	.039	1488.79	15.73
ANCILLARIES	7	0	26,629.43	.00	.000	3804.20	46.88
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	101	495	11,958.98	24.16	.871	118.41	21.05
MEDICAL	28	44	2,339.86	53.18	.077	83.57	4.12
SURGERY	8	8	285.67	35.71	.014	35.71	.50
PATHOLOGY	55	199	2,337.44	11.75	.350	42.50	4.12
RADIOLOGY	17	20	1,322.25	66.11	.035	77.78	2.33
ROOM USE	52	98	3,881.37	39.61	.173	74.64	6.83

CROSSOVERS/ALL OTH OUTPTNT	47	126		1,792.39	14.23	.222	38.14	3.16
@COUNTY HOSPITAL TOTAL	2	16	\$	452.13	\$ 28.26	.028	\$ 226.07	\$.80
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	16		452.13	28.26	.028	226.07	.80
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	2	2		57.32	28.66	.004	28.66	.10
PATHOLOGY	1	7		141.04	20.15	.012	141.04	.25
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	3		211.46	70.49	.005	211.46	.37
CROSSOVERS/ALL OTH OUTPTNT	1	4		42.31	10.58	.007	42.31	.07

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

568 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	137	725	\$ 326,265.71	\$ 450.02	1.276	\$ 2381.50	\$ 574.41
COMM HOSP INPATIENT TOTAL	52	246	314,758.86	1279.51	.433	6053.06	554.15
HSC HOSPITALS	46	210	275,958.49	1314.09	.370	5999.10	485.84
NON-HSC HOSPITALS TOTAL	7	36	38,800.37	1077.79	.063	5542.91	68.31
ACCOMMODATIONS	7	36	12,170.94	338.08	.063	1738.71	21.43
ADMINISTRATIVE DAYS	1	14	3,238.20	231.30	.025	3238.20	5.70
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	22	8,932.74	406.03	.039	1488.79	15.73
ANCILLARIES	7	0	26,629.43	.00	.000	3804.20	46.88
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	99	479	11,506.85	24.02	.843	116.23	20.26
MEDICAL	28	44	2,339.86	53.18	.077	83.57	4.12
SURGERY	6	6	228.35	38.06	.011	38.06	.40
PATHOLOGY	54	192	2,196.40	11.44	.338	40.67	3.87
RADIOLOGY	17	20	1,322.25	66.11	.035	77.78	2.33
ROOM USE	51	95	3,669.91	38.63	.167	71.96	6.46
CROSSOVERS/ALL OTH OUTPTNT	46	122	1,750.08	14.34	.215	38.05	3.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	133	431	\$	6,445.98	\$	14.96	.759	\$	48.47	\$	11.35
PATHOLOGY	133	431		6,445.98		14.96	.759		48.47		11.35
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	114	260	\$	23,916.32	\$	91.99	.458	\$	209.79	\$	42.11
CLINIC	19	65		1,575.74		24.24	.114		82.93		2.77
SURGICENTER	2	2		87.82		43.91	.004		43.91		.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	97	193		22,252.76		115.30	.340		229.41		39.18

#CALIF DEPT OF HEALTH SERV MOP024
MERCED COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

PAGE 7,556
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568 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	50	207	\$ 5,249.87	\$ 25.36	.364	\$ 105.00	\$ 9.24
DURABLE MED. EQUIP.	1	2	38.26	19.13	.004	38.26	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	165	2,245.33	13.61	.290	132.08	3.95
AMBULANCES/AIR TRANS	17	165	2,245.33	13.61	.290	132.08	3.95
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	19	19	1,995.00	105.00	.033	105.00	3.51
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	60.84	7.61	.014	20.28	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	32.20	16.10	.004	32.20	.06
PROSTHETIST/ORTHOTISTS	9	9	779.05	86.56	.016	86.56	1.37
PROSTHETICS	1	1	26.27	26.27	.002	26.27	.05
ORTHOTICS	8	8	752.78	94.10	.014	94.10	1.33
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.004	99.19	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	60	\$ 55,363.59	\$ 922.73	.106	\$ 9227.27	\$ 97.47
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024
MERCED COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - SOC - LTC

PAGE 7,557
01/29/04

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21	255	\$ 21,431.42	\$ 84.04	9.107	\$ 1020.54	\$ 765.41
@PHYSICIANS SERVICES	8	20	\$ 804.26	\$ 40.21	.714	\$ 100.53	\$ 28.72
OUTPATIENT VISITS	4	5	365.00	73.00	.179	91.25	13.04
OFFICE VISITS	2	2	80.49	40.25	.071	40.25	2.87

HOME VISITS	0	0		.00		.00		.000		.00		.00
EMERGENCY ROOM	2	3		284.51		94.84		.107		142.26		10.16
PREVENTIVE CARE	0	0		.00		.00		.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00		.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00		.000		.00		.00
INPATIENT VISITS	2	2		67.50		33.75		.071		33.75		2.41
HOSPITAL VISITS	0	0		.00		.00		.000		.00		.00
CRITICAL CARE	0	0		.00		.00		.000		.00		.00
SNF/ICF/TRANS IP CARE	2	2		67.50		33.75		.071		33.75		2.41
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00		.000		.00		.00
EXAMINATIONS	0	0		.00		.00		.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00		.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00		.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00		.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00		.000		.00		.00
OUTPATIENT SURGERY	2	4		178.82		44.71		.143		89.41		6.39
PRINCIPAL SURGEON	2	4		178.82		44.71		.143		89.41		6.39
ASSISTANT SURGEON	0	0		.00		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00		.000		.00		.00
DIALYSIS	0	0		.00		.00		.000		.00		.00
PATHOLOGY	2	3		16.34		5.45		.107		8.17		.58
RADIOLOGY	3	4		157.74		39.44		.143		52.58		5.63
PSYCHIATRY	0	0		.00		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00		.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	2		18.86		9.43		.071		9.43		.67
@PHARMACY	14	83	\$	9,493.46	\$	114.38		2.964	\$	678.10	\$	339.05
PRESCRIPTION DRUGS	14	83		9,493.46		114.38		2.964		678.10		339.05
SNF/ICF	4	28		1,207.62		43.13		1.000		301.91		43.13
OUTPATIENTS	10	55		8,285.84		150.65		1.964		828.58		295.92
MEDICAL SUPPLIES	0	0		.00		.00		.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00		.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00		.000		.00		.00
ORAL SURGERY	0	0		.00		.00		.000		.00		.00
DRUGS	0	0		.00		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.00		.000		.00		.00
PERIODONTICS	0	0		.00		.00		.000		.00		.00
ENDODONTICS	0	0		.00		.00		.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00		.000		.00		.00
PROSTHETICS	0	0		.00		.00		.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00		.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00		.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003											PAGE 7,558
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC											
	AID CODE 53											

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	4	32	\$	949.66	\$	29.68	1.143	\$	237.42
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	4	32		949.66		29.68	1.143		237.42
MEDICAL	2	2		33.07		16.54	.071		16.54
SURGERY	2	2		35.40		17.70	.071		17.70
PATHOLOGY	2	16		191.38		11.96	.571		95.69
RADIOLOGY	2	2		208.48		104.24	.071		104.24
ROOM USE	3	6		412.83		68.81	.214		137.61
CROSSOVERS/ALL OTH OUTPTNT	3	4		68.50		17.13	.143		22.83
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,559
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	32	\$ 949.66	\$ 29.68	1.143	\$ 237.42	\$ 33.92
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	32		949.66	29.68	1.143	237.42	33.92
MEDICAL	2	2		33.07	16.54	.071	16.54	1.18
SURGERY	2	2		35.40	17.70	.071	17.70	1.26
PATHOLOGY	2	16		191.38	11.96	.571	95.69	6.84
RADIOLOGY	2	2		208.48	104.24	.071	104.24	7.45
ROOM USE	3	6		412.83	68.81	.214	137.61	14.74
CROSSOVERS/ALL OTH OUTPTNT	3	4		68.50	17.13	.143	22.83	2.45
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	85	\$	8,959.27	\$ 105.40	3.036	\$ 8959.27	\$ 319.97
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	85		8,959.27	105.40	3.036	8959.27	319.97
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	14	\$	529.40	37.81	.500	132.35	18.91
PATHOLOGY	4	14		529.40	37.81	.500	132.35	18.91
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	4	\$	368.02	92.01	.143	92.01	13.14
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	4		368.02	92.01	.143	92.01	13.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,560
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	17	\$ 327.35	\$ 19.26	.607	\$ 163.68	\$ 11.69
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	17	327.35	19.26	.607	163.68	11.69
AMBULANCES/AIR TRANS	2	17	327.35	19.26	.607	163.68	11.69
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS	PER ELIG		
@TOTAL, ALL PROVIDERS	13	30	\$ 3,367.05	\$ 112.24	3.750		\$ 259.00	\$ 420.88
@PHYSICIANS SERVICES	9	17	\$ 1,993.95	\$ 117.29	2.125		\$ 221.55	\$ 249.24
OUTPATIENT VISITS	2	2	112.95	56.48	.250		56.48	14.12
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	2	2	112.95	56.48	.250		56.48	14.12
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	5	9	1,470.62	163.40	1.125		294.12	183.83
PRINCIPAL SURGEON	4	4	1,324.64	331.16	.500		331.16	165.58
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	1	5	145.98	29.20	.625		145.98	18.25
OUTPATIENT SURGERY	2	2	177.77	88.89	.250		88.89	22.22
PRINCIPAL SURGEON	2	2	177.77	88.89	.250		88.89	22.22
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	2	3	129.11	43.04	.375		64.56	16.14
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	103.50	103.50	.125		103.50	12.94
@PHARMACY	0	0	\$.00	\$.00	.000		\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	12	\$ 1,338.67	\$ 111.56	1.500	\$ 334.67	\$ 167.33
HOSP INPATIENT TOTAL	1	1	1,140.01	1140.01	.125	1140.01	142.50
HSC HOSPITALS	1	1	1,140.01	1140.01	.125	1140.01	142.50
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	11	198.66	18.06	1.375	66.22	24.83
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	51.59	51.59	.125	51.59	6.45
PATHOLOGY	1	1	3.14	3.14	.125	3.14	.39
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	96.98	32.33	.375	32.33	12.12
CROSSOVERS/ALL OTH OUTPTNT	3	6	46.95	7.83	.750	15.65	5.87
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	12	\$	1,338.67	\$ 111.56	1.500	\$ 334.67	\$ 167.33
COMM HOSP INPATIENT TOTAL	1	1		1,140.01	1140.01	.125	1140.01	142.50
HSC HOSPITALS	1	1		1,140.01	1140.01	.125	1140.01	142.50
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	11		198.66	18.06	1.375	66.22	24.83
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		51.59	51.59	.125	51.59	6.45
PATHOLOGY	1	1		3.14	3.14	.125	3.14	.39
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	3	3		96.98	32.33	.375	32.33	12.12
CROSSOVERS/ALL OTH OUTPTNT	3	6		46.95	7.83	.750	15.65	5.87
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	34.43	\$ 34.43	.125	\$ 34.43	\$ 4.30
PATHOLOGY	1	1		34.43	34.43	.125	34.43	4.30
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,564
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,565
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - TOTAL		

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	34	285	\$ 24,798.47	\$ 87.01	7.917	\$ 729.37	\$ 688.85
@PHYSICIANS SERVICES	17	37	\$ 2,798.21	\$ 75.63	1.028	\$ 164.60	\$ 77.73
OUTPATIENT VISITS	6	7	477.95	68.28	.194	79.66	13.28
OFFICE VISITS	2	2	80.49	40.25	.056	40.25	2.24
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	5	397.46	79.49	.139	99.37	11.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	67.50	33.75	.056	33.75	1.88
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	67.50	33.75	.056	33.75	1.88
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	9	1,470.62	163.40	.250	294.12	40.85
PRINCIPAL SURGEON	4	4	1,324.64	331.16	.111	331.16	36.80
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	145.98	29.20	.139	145.98	4.06
OUTPATIENT SURGERY	4	6	356.59	59.43	.167	89.15	9.91
PRINCIPAL SURGEON	4	6	356.59	59.43	.167	89.15	9.91
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	6	145.45	24.24	.167	36.36	4.04
RADIOLOGY	3	4	157.74	39.44	.111	52.58	4.38
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	3	122.36	40.79	.083	40.79	3.40
@PHARMACY	14	83	\$ 9,493.46	\$ 114.38	2.306	\$ 678.10	\$ 263.71
PRESCRIPTION DRUGS	14	83	9,493.46	114.38	2.306	678.10	263.71
SNF/ICF	4	28	1,207.62	43.13	.778	301.91	33.55
OUTPATIENTS	10	55	8,285.84	150.65	1.528	828.58	230.16
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,566
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	8	44	\$ 2,288.33	\$ 52.01	1.222	\$ 286.04	\$ 63.56
HOSP INPATIENT TOTAL	1	1	1,140.01	1140.01	.028	1140.01	31.67
HSC HOSPITALS	1	1	1,140.01	1140.01	.028	1140.01	31.67
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	43	1,148.32	26.71	1.194	164.05	31.90
MEDICAL	2	2	33.07	16.54	.056	16.54	.92
SURGERY	3	3	86.99	29.00	.083	29.00	2.42
PATHOLOGY	3	17	194.52	11.44	.472	64.84	5.40
RADIOLOGY	2	2	208.48	104.24	.056	104.24	5.79
ROOM USE	6	9	509.81	56.65	.250	84.97	14.16
CROSSOVERS/ALL OTH OUTPTNT	6	10	115.45	11.55	.278	19.24	3.21
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,567
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	44	\$ 2,288.33	\$ 52.01	1.222	\$ 286.04	\$ 63.56
COMM HOSP INPATIENT TOTAL	1	1	1,140.01	1140.01	.028	1140.01	31.67
HSC HOSPITALS	1	1	1,140.01	1140.01	.028	1140.01	31.67
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	43	1,148.32	26.71	1.194	164.05	31.90
MEDICAL	2	2	33.07	16.54	.056	16.54	.92
SURGERY	3	3	86.99	29.00	.083	29.00	2.42
PATHOLOGY	3	17	194.52	11.44	.472	64.84	5.40
RADIOLOGY	2	2	208.48	104.24	.056	104.24	5.79
ROOM USE	6	9	509.81	56.65	.250	84.97	14.16
CROSSOVERS/ALL OTH OUTPTNT	6	10	115.45	11.55	.278	19.24	3.21
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	85	\$ 8,959.27	\$ 105.40	2.361	\$ 8959.27	\$ 248.87
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	85	8,959.27	105.40	2.361	8959.27	248.87
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	15	\$ 563.83	\$ 37.59	.417	\$ 112.77	\$ 15.66
PATHOLOGY	5	15	563.83	37.59	.417	112.77	15.66
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	4	\$ 368.02	\$ 92.01	.111	\$ 92.01	\$ 10.22
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	4	368.02	92.01	.111	92.01	10.22

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,568
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	17	\$ 327.35	\$ 19.26	.472	\$ 163.68	\$ 9.09
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	17	327.35	19.26	.472	163.68	9.09
AMBULANCES/AIR TRANS	2	17	327.35	19.26	.472	163.68	9.09
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
MERCED COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

PAGE 7,569
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,570
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,571
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,572
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,573
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL	

604 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	549	5,122	\$ 489,754.01	\$ 95.62	8.480	\$ 892.08	\$ 810.85
@PHYSICIANS SERVICES	356	1,442	\$ 88,402.78	\$ 61.31	2.387	\$ 248.32	\$ 146.36
OUTPATIENT VISITS	214	547	22,301.22	40.77	.906	104.21	36.92
OFFICE VISITS	67	92	2,967.07	32.25	.152	44.28	4.91
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	37	44	2,378.74	54.06	.073	64.29	3.94
PREVENTIVE CARE	1	1	34.69	34.69	.002	34.69	.06
OB VISITS/COMPRE PERI	149	404	16,811.44	41.61	.669	112.83	27.83

OTHER OUTPATIENT	2	6		109.28	18.21	.010	54.64	.18
INPATIENT VISITS	58	191		14,895.85	77.99	.316	256.83	24.66
HOSPITAL VISITS	49	121		5,024.51	41.52	.200	102.54	8.32
CRITICAL CARE	11	68		9,803.84	144.17	.113	891.26	16.23
SNF/ICF/TRANS IP CARE	2	2		67.50	33.75	.003	33.75	.11
OPHTHALMOLOGICAL SERVICES	1	1		46.44	46.44	.002	46.44	.08
EXAMINATIONS	1	1		46.44	46.44	.002	46.44	.08
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	72	211		34,722.46	164.56	.349	482.26	57.49
PRINCIPAL SURGEON	54	59		28,707.03	486.56	.098	531.61	47.53
ASSISTANT SURGEON	10	10		1,865.00	186.50	.017	186.50	3.09
ANESTHESIOLOGIST	21	142		4,150.43	29.23	.235	197.64	6.87
OUTPATIENT SURGERY	36	69		4,524.92	65.58	.114	125.69	7.49
PRINCIPAL SURGEON	31	40		3,824.31	95.61	.066	123.36	6.33
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	29		700.61	24.16	.048	53.89	1.16
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	75	220		1,812.86	8.24	.364	24.17	3.00
RADIOLOGY	102	123		5,989.38	48.69	.204	58.72	9.92
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	21		785.43	37.40	.035	46.20	1.30
OTHER SERVICES/ALL X-OVERS	39	59		3,324.22	56.34	.098	85.24	5.50
@PHARMACY	227	1,776	\$	23,770.49	13.38	2.940	104.72	39.36
PRESCRIPTION DRUGS	218	524		22,733.51	43.38	.868	104.28	37.64
SNF/ICF	4	28		1,207.62	43.13	.046	301.91	2.00
OUTPATIENTS	214	496		21,525.89	43.40	.821	100.59	35.64
MEDICAL SUPPLIES	18	1,252		1,036.98	.83	2.073	57.61	1.72
@DENTIST	15	72	\$	2,154.00	29.92	.119	143.60	3.57
VISITS - DIAGNOSTIC	12	49		622.00	12.69	.081	51.83	1.03
ORAL SURGERY	3	4		390.00	97.50	.007	130.00	.65
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.002	118.00	.20
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	17		979.00	57.59	.028	163.17	1.62
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		45.00	45.00	.002	45.00	.07
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
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604 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	24	\$ 523.05	\$ 21.79	.040	\$ 74.72	\$.87
DIAGNOSTIC AND ANC. PROCED	5	5	189.80	37.96	.008	37.96	.31
EYE APPLIANCES	6	17	214.25	12.60	.028	35.71	.35
OTHER OPTOMETRIC SERVICES	2	2	119.00	59.50	.003	59.50	.20
@CHIROPRACTOR	2	4	\$ 66.88	\$ 16.72	.007	\$ 33.44	\$.11
VISITS	2	4	66.88	16.72	.007	33.44	.11
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	147	785	\$	329,006.17	\$	419.12	1.300	\$	2238.14	\$	544.71
HOSP INPATIENT TOTAL	53	247		315,898.87		1278.94	.409		5960.36		523.01
HSC HOSPITALS	47	211		277,098.50		1313.26	.349		5895.71		458.77
NON-HSC HOSPITAL TOTAL	7	36		38,800.37		1077.79	.060		5542.91		64.24
ACCOMMODATIONS	7	36		12,170.94		338.08	.060		1738.71		20.15
ADMINISTRATIVE DAYS	1	14		3,238.20		231.30	.023		3238.20		5.36
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	22		8,932.74		406.03	.036		1488.79		14.79
ANCILLARIES	7	0		26,629.43		.00	.000		3804.20		44.09
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	108	538		13,107.30	24.36	.891	121.36	21.70
MEDICAL	30	46		2,372.93	51.59	.076	79.10	3.93
SURGERY	11	11		372.66	33.88	.018	33.88	.62
PATHOLOGY	58	216		2,531.96	11.72	.358	43.65	4.19
RADIOLOGY	19	22		1,530.73	69.58	.036	80.56	2.53
ROOM USE	58	107		4,391.18	41.04	.177	75.71	7.27
CROSSOVERS/ALL OTH OUTPTNT	53	136		1,907.84	14.03	.225	36.00	3.16
@COUNTY HOSPITAL TOTAL	2	16	\$	452.13	\$ 28.26	.026	\$ 226.07	\$.75
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	16		452.13	28.26	.026	226.07	.75
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	2	2		57.32	28.66	.003	28.66	.09
PATHOLOGY	1	7		141.04	20.15	.012	141.04	.23
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	3		211.46	70.49	.005	211.46	.35
CROSSOVERS/ALL OTH OUTPTNT	1	4		42.31	10.58	.007	42.31	.07
#CALIF DEPT OF HEALTH SERV								
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
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@COMMUNITY HOSPITAL TOTAL	145	769	\$ 328,554.04	\$ 427.25	1.273	\$ 2265.89	\$ 543.96
COMM HOSP INPATIENT TOTAL	53	247	315,898.87	1278.94	.409	5960.36	523.01
HSC HOSPITALS	47	211	277,098.50	1313.26	.349	5895.71	458.77
NON-HSC HOSPITALS TOTAL	7	36	38,800.37	1077.79	.060	5542.91	64.24
ACCOMMODATIONS	7	36	12,170.94	338.08	.060	1738.71	20.15
ADMINISTRATIVE DAYS	1	14	3,238.20	231.30	.023	3238.20	5.36
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	22	8,932.74	406.03	.036	1488.79	14.79
ANCILLARIES	7	0	26,629.43	.00	.000	3804.20	44.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	106	522	12,655.17	24.24	.864	119.39	20.95
MEDICAL	30	46	2,372.93	51.59	.076	79.10	3.93
SURGERY	9	9	315.34	35.04	.015	35.04	.52
PATHOLOGY	57	209	2,390.92	11.44	.346	41.95	3.96
RADIOLOGY	19	22	1,530.73	69.58	.036	80.56	2.53
ROOM USE	57	104	4,179.72	40.19	.172	73.33	6.92
CROSSOVERS/ALL OTH OUTPTNT	52	132	1,865.53	14.13	.219	35.88	3.09
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	85	\$ 8,959.27	\$ 105.40	.141	\$ 8959.27	\$ 14.83
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	85	8,959.27	105.40	.141	8959.27	14.83
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	138	446	\$ 7,009.81	\$ 15.72	.738	\$ 50.80	\$ 11.61
PATHOLOGY	138	446	7,009.81	15.72	.738	50.80	11.61
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	118	264	\$ 24,284.34	\$ 91.99	.437	\$ 205.80	\$ 40.21
CLINIC	19	65	1,575.74	24.24	.108	82.93	2.61
SURGICENTER	2	2	87.82	43.91	.003	43.91	.15
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	101	197	22,620.78	114.83	.326	223.97	37.45
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604 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	52	224	\$ 5,577.22	\$ 24.90	.371	\$ 107.25	\$ 9.23
DURABLE MED. EQUIP.	1	2	38.26	19.13	.003	38.26	.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	182	2,572.68	14.14	.301	135.40	4.26
AMBULANCES/AIR TRANS	19	182	2,572.68	14.14	.301	135.40	4.26
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	19	19	1,995.00	105.00	.031	105.00	3.30
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	60.84	7.61	.013	20.28	.10
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	32.20	16.10	.003	32.20	.05
PROSTHETIST/ORTHOTISTS	9	9	779.05	86.56	.015	86.56	1.29
PROSTHETICS	1	1	26.27	26.27	.002	26.27	.04
ORTHOTICS	8	8	752.78	94.10	.013	94.10	1.25
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.003	99.19	.16
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	60	\$ 55,363.59	\$ 922.73	.099	\$ 9227.27	\$ 91.66
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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----- MONTHLY AVERAGE -----

48,530 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	38,383	877,367	\$ 28,885,041.98	\$ 32.92	18.079	\$ 752.55	\$ 595.20
@PHYSICIANS SERVICES	9,313	32,148	\$ 531,795.10	\$ 16.54	.662	\$ 57.10	\$ 10.96
OUTPATIENT VISITS	547	753	29,630.50	39.35	.016	54.17	.61
OFFICE VISITS	466	638	22,641.36	35.49	.013	48.59	.47
HOME VISITS	5	5	144.20	28.84	.000	28.84	.00
EMERGENCY ROOM	90	102	6,595.18	64.66	.002	73.28	.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	8	249.76	31.22	.000	31.22	.01
INPATIENT VISITS	75	475	18,382.23	38.70	.010	245.10	.38
HOSPITAL VISITS	67	415	12,678.23	30.55	.009	189.23	.26
CRITICAL CARE	5	46	5,342.80	116.15	.001	1068.56	.11
SNF/ICF/TRANS IP CARE	9	14	361.20	25.80	.000	40.13	.01
OPHTHALMOLOGICAL SERVICES	135	143	6,564.74	45.91	.003	48.63	.14
EXAMINATIONS	135	143	6,564.74	45.91	.003	48.63	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	38	138	14,063.51	101.91	.003	370.09	.29
PRINCIPAL SURGEON	25	37	11,417.50	308.58	.001	456.70	.24
ASSISTANT SURGEON	5	5	485.13	97.03	.000	97.03	.01
ANESTHESIOLOGIST	9	96	2,160.88	22.51	.002	240.10	.04
OUTPATIENT SURGERY	79	184	26,786.18	145.58	.004	339.07	.55
PRINCIPAL SURGEON	68	99	24,442.05	246.89	.002	359.44	.50
ASSISTANT SURGEON	4	4	331.73	82.93	.000	82.93	.01
ANESTHESIOLOGIST	15	81	2,012.40	24.84	.002	134.16	.04
DIALYSIS	1	7	829.84	118.55	.000	829.84	.02
PATHOLOGY	179	367	2,506.25	6.83	.008	14.00	.05
RADIOLOGY	291	576	22,257.09	38.64	.012	76.48	.46
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	35	71	12,241.46	172.41	.001	349.76	.25
OTHER SERVICES/ALL X-OVERS	8,580	29,434	398,533.30	13.54	.607	46.45	8.21
@PHARMACY	32,855	321,214	\$ 9,469,882.14	\$ 29.48	6.619	\$ 288.23	\$ 195.13
PRESCRIPTION DRUGS	32,486	146,964	9,222,033.02	62.75	3.028	283.88	190.03
SNF/ICF	4,504	28,343	1,452,070.19	51.23	.584	322.40	29.92
OUTPATIENTS	28,157	118,621	7,769,962.83	65.50	2.444	275.95	160.11
MEDICAL SUPPLIES	2,945	174,250	247,849.12	1.42	3.591	84.16	5.11
@DENTIST	1,936	8,314	\$ 383,180.94	\$ 46.09	.171	\$ 197.92	\$ 7.90
VISITS - DIAGNOSTIC	1,219	4,839	54,438.79	11.25	.100	44.66	1.12
ORAL SURGERY	297	811	42,005.00	51.79	.017	141.43	.87
DRUGS	1	6	90.00	15.00	.000	90.00	.00
ANESTHESIA	11	12	1,200.00	100.00	.000	109.09	.02
PERIODONTICS	194	203	21,143.00	104.15	.004	108.98	.44
ENDODONTICS	104	136	30,007.00	220.64	.003	288.53	.62
RESTORATIVE DENTISTRY	490	1,218	109,436.12	89.85	.025	223.34	2.26
PROSTHETICS	17	22	665.00	30.23	.000	39.12	.01
DENTURES, STAYPLATES	404	1,052	123,744.94	117.63	.022	306.30	2.55
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	426.09	213.05	.000	213.05	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	48	13	25.00	1.92	.000	.52	.00

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48,530 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	872	2,290	\$ 42,700.39	\$ 18.65	.047	\$ 48.97	\$.88
DIAGNOSTIC AND ANC. PROCED	113	116	5,318.15	45.85	.002	47.06	.11

----- MONTHLY AVERAGE -----

EYE APPLIANCES	645	1,803		31,393.91		17.41	.037	48.67	.65
OTHER OPTOMETRIC SERVICES	228	371		5,988.33		16.14	.008	26.26	.12
@CHIROPRACTOR	44	85	\$	1,280.64	\$	15.07	.002	29.11	\$.03
VISITS	27	55		877.80		15.96	.001	32.51	.02
OTHER SERVICES	18	30		402.84		13.43	.001	22.38	.01
@PODIATRIST	1,145	1,581	\$	9,824.84	\$	6.21	.033	8.58	\$.20
MEDICINE/INJECTIONS	3	3		135.80		45.27	.000	45.27	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	1,142	1,578		9,689.04		6.14	.033	8.48	.20
@HOME HEALTH AGENCY	7	35	\$	2,442.58	\$	69.79	.001	348.94	\$.05
NURSE ANESTHESIST	23	153	\$	1,323.99	\$	8.65	.003	57.56	\$.03
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	27.50	\$	27.50	.000	27.50	\$.00
FAMILY NURSE PRACTITIONER	25	25	\$	527.65	\$	21.11	.001	21.11	\$.01
@TOTAL HOSPITAL	3,037	19,374	\$	1,981,992.16	\$	102.30	.399	652.62	\$ 40.84
HOSP INPATIENT TOTAL	646	4,116		1,703,031.77		413.76	.085	2636.27	35.09
HSC HOSPITALS	159	1,079		1,079,932.31		1000.86	.022	6792.03	22.25
NON-HSC HOSPITAL TOTAL	39	237		239,928.25		1012.36	.005	6152.01	4.94
ACCOMMODATIONS	38	237		103,296.55		435.85	.005	2718.33	2.13
ADMINISTRATIVE DAYS	20	115		23,091.99		200.80	.002	1154.60	.48
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	18	122		80,204.56		657.41	.003	4455.81	1.65
ANCILLARIES	39	0		136,631.70		.00	.000	3503.38	2.82
INPATIENT CROSSOVERS	459	2,800		383,171.21		136.85	.058	834.80	7.90
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,468	15,258		278,960.39		18.28	.314	113.03	5.75
MEDICAL	102	144		5,013.71		34.82	.003	49.15	.10
SURGERY	34	37		2,845.76		76.91	.001	83.70	.06
PATHOLOGY	132	586		6,268.58		10.70	.012	47.49	.13
RADIOLOGY	134	200		14,515.77		72.58	.004	108.33	.30
ROOM USE	121	164		8,438.02		51.45	.003	69.74	.17
CROSSOVERS/ALL OTH OUTPTNT	2,289	14,127		241,878.55		17.12	.291	105.67	4.98
@COUNTY HOSPITAL TOTAL	35	123	\$	8,559.92	\$	69.59	.003	244.57	\$.18
CO HOSPITAL INPATIENT TOTAL	4	2		5,537.91		2768.96	.000	1384.48	.11
HSC HOSPITALS	1	1		2,760.45		2760.45	.000	2760.45	.06
NON-HSC HOSPITALS TOTAL	2	1		1,937.46		1937.46	.000	968.73	.04
ACCOMMODATIONS	1	1		231.30		231.30	.000	231.30	.00
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	2	0		1,706.16		.00	.000	853.08	.04
INPATIENT CROSSOVERS	1	0		840.00		.00	.000	840.00	.02
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	31	121		3,022.01		24.98	.002	97.48	.06
MEDICAL	8	15		697.84		46.52	.000	87.23	.01
SURGERY	1	2		110.96		55.48	.000	110.96	.00
PATHOLOGY	5	23		263.74		11.47	.000	52.75	.01
RADIOLOGY	6	7		579.80		82.83	.000	96.63	.01
ROOM USE	10	15		556.54		37.10	.000	55.65	.01
CROSSOVERS/ALL OTH OUTPTNT	18	59		813.13		13.78	.001	45.17	.02

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MERCED COUNTY SUMMARY OF SERVICES FOR ALL AGED

	48,530 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,004	19,251	\$	1,973,432.24	\$ 102.51	.397	\$ 656.93	\$ 40.66
COMM HOSP INPATIENT TOTAL	642	4,114		1,697,493.86	412.61	.085	2644.07	34.98
HSC HOSPITALS	158	1,078		1,077,171.86	999.23	.022	6817.54	22.20

NON-HSC HOSPITALS TOTAL	37	236	237,990.79	1008.44	.005	6432.18	4.90
ACCOMMODATIONS	37	236	103,065.25	436.72	.005	2785.55	2.12
ADMINISTRATIVE DAYS	19	114	22,860.69	200.53	.002	1203.19	.47
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	122	80,204.56	657.41	.003	4455.81	1.65
ANCILLARIES	37	0	134,925.54	.00	.000	3646.64	2.78
INPATIENT CROSSOVERS	458	2,800	382,331.21	136.55	.058	834.78	7.88
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,439	15,137	275,938.38	18.23	.312	113.14	5.69
MEDICAL	95	129	4,315.87	33.46	.003	45.43	.09
SURGERY	33	35	2,734.80	78.14	.001	82.87	.06
PATHOLOGY	127	563	6,004.84	10.67	.012	47.28	.12
RADIOLOGY	128	193	13,935.97	72.21	.004	108.87	.29
ROOM USE	113	149	7,881.48	52.90	.003	69.75	.16
CROSSOVERS/ALL OTH OUTPTNT	2,271	14,068	241,065.42	17.14	.290	106.15	4.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	4,757	135,296	\$ 13,931,533.19	\$ 102.97	2.788	\$ 2928.64	\$ 287.07
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4,757	135,296	13,931,533.19	102.97	2.788	2928.64	287.07
@INTERMEDIATE CARE FACIL.-DD	51	1,955	\$ 323,906.72	\$ 165.68	.040	\$ 6351.11	\$ 6.67
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	51	1,955	323,906.72	165.68	.040	6351.11	6.67
@HEMODIALYSIS TOTAL	382	570	\$ 192,185.03	\$ 337.17	.012	\$ 503.10	\$ 3.96
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	382	570	192,185.03	337.17	.012	503.10	3.96
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	601	2,519	\$ 26,856.37	\$ 10.66	.052	\$ 44.69	\$.55
PATHOLOGY	400	2,214	23,812.24	10.76	.046	59.53	.49
XO AND OTHERS	201	305	3,044.13	9.98	.006	15.14	.06
@ORGANIZED OUTPATIENT CLINIC	5,837	10,323	\$ 414,066.27	\$ 40.11	.213	\$ 70.94	\$ 8.53
CLINIC	50	146	2,452.90	16.80	.003	49.06	.05
SURGICENTER	542	715	30,701.68	42.94	.015	56.65	.63
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5,358	9,462	380,911.69	40.26	.195	71.09	7.85
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,580
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MERCED COUNTY	SUMMARY OF SERVICES FOR ALL AGED						

					----- MONTHLY AVERAGE -----			
48,530 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	6,961	341,484	\$ 1,571,516.47	\$ 4.60	7.037	\$ 225.76	\$ 32.38	
DURABLE MED. EQUIP.	232	1,331	109,943.11	82.60	.027	473.89	2.27	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	451	643	185,347.09	288.25	.013	410.97	3.82	
MEDICAL TRANSPORTATION	1,101	57,460	233,824.55	4.07	1.184	212.37	4.82	
AMBULANCES/AIR TRANS	221	2,123	30,953.48	14.58	.044	140.06	.64	
OTHER TRANS	769	53,258	196,537.39	3.69	1.097	255.58	4.05	
OTHER SERVICES	166	2,079	6,333.68	3.05	.043	38.15	.13	
ACUPUNCTURE	45	127	2,207.23	17.38	.003	49.05	.05	
ADULT DAY HEALTH CARE CTR	312	4,493	311,762.63	69.39	.093	999.24	6.42	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,084	5,369	397,252.82	73.99	.111	366.47	8.19	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1,314	3,031	44,702.47	14.75	.062	34.02	.92	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	29	74	269.79	3.65	.002	9.30	.01	
PROSTHETIST/ORTHOTISTS	135	277	7,825.47	28.25	.006	57.97	.16	
PROSTHETICS	134	276	7,788.47	28.22	.006	58.12	.16	
ORTHOTICS	1	1	37.00	37.00	.000	37.00	.00	
PSYCHOLOGIST	4	4	144.66	36.17	.000	36.17	.00	
SPEECH AND AUDIOLOGY	145	284	26,512.69	93.35	.006	182.85	.55	
HOSPICE SERVICES	21	307	34,446.14	112.20	.006	1640.29	.71	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	1	1	9.57	9.57	.000	9.57	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	3,200	268,083		217,268.25	.81	5.524		67.90		4.48
@CALIF. CHILDREN SERVICES*	0	3CR	\$	153.33CR	\$	51.11		.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	13,939	112,409	\$	2,093,470.34	\$	18.62		2.316	\$	150.19
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;										
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.										
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.										
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003					PAGE 7,581				
MOP024	FEE-FOR-SERVICE/DENTAL					01/29/04				
MERCED COUNTY	SUMMARY OF SERVICES FOR ALL BLIND									

	2,885 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,307	218,389	\$	2,407,622.37	\$ 11.02	75.698	\$ 1043.62	\$ 834.53
@PHYSICIANS SERVICES	881	4,047	\$	107,309.70	\$ 26.52	1.403	\$ 121.80	\$ 37.20
OUTPATIENT VISITS	329	483		18,992.95	39.32	.167	57.73	6.58
OFFICE VISITS	274	390		13,285.68	34.07	.135	48.49	4.61
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	62	77		4,985.85	64.75	.027	80.42	1.73
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	3		247.27	82.42	.001	123.64	.09
OTHER OUTPATIENT	13	13		474.15	36.47	.005	36.47	.16
INPATIENT VISITS	71	423		19,853.00	46.93	.147	279.62	6.88
HOSPITAL VISITS	59	389		16,911.10	43.47	.135	286.63	5.86
CRITICAL CARE	7	23		2,671.40	116.15	.008	381.63	.93
SNF/ICF/TRANS IP CARE	11	11		270.50	24.59	.004	24.59	.09
OPHTHALMOLOGICAL SERVICES	32	43		1,735.78	40.37	.015	54.24	.60
EXAMINATIONS	32	43		1,735.78	40.37	.015	54.24	.60
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	25	104		10,696.69	102.85	.036	427.87	3.71
PRINCIPAL SURGEON	21	28		8,899.68	317.85	.010	423.79	3.08
ASSISTANT SURGEON	2	2		261.36	130.68	.001	130.68	.09
ANESTHESIOLOGIST	6	74		1,535.65	20.75	.026	255.94	.53
OUTPATIENT SURGERY	38	109		13,093.84	120.13	.038	344.57	4.54
PRINCIPAL SURGEON	28	41		11,138.97	271.68	.014	397.82	3.86
ASSISTANT SURGEON	1	1		118.02	118.02	.000	118.02	.04
ANESTHESIOLOGIST	13	67		1,836.85	27.42	.023	141.30	.64
DIALYSIS	38	112		12,667.28	113.10	.039	333.35	4.39
PATHOLOGY	69	156		945.39	6.06	.054	13.70	.33
RADIOLOGY	150	283		7,663.10	27.08	.098	51.09	2.66
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	24	49		2,380.28	48.58	.017	99.18	.83
OTHER SERVICES/ALL X-OVERS	491	2,285		19,281.39	8.44	.792	39.27	6.68
@PHARMACY	1,911	55,498	\$	702,176.27	\$ 12.65	19.237	\$ 367.44	\$ 243.39
PRESCRIPTION DRUGS	1,859	8,461		646,488.32	76.41	2.933	347.76	224.09
SNF/ICF	139	728		49,324.15	67.75	.252	354.85	17.10
OUTPATIENTS	1,727	7,733		597,164.17	77.22	2.680	345.78	206.99
MEDICAL SUPPLIES	399	47,037		55,687.95	1.18	16.304	139.57	19.30
@DENTIST	159	796	\$	32,842.40	\$ 41.26	.276	\$ 206.56	\$ 11.38
VISITS - DIAGNOSTIC	97	495		5,439.00	10.99	.172	56.07	1.89
ORAL SURGERY	30	90		4,362.00	48.47	.031	145.40	1.51
DRUGS	3	5		95.00	19.00	.002	31.67	.03
ANESTHESIA	2	2		100.00	50.00	.001	50.00	.03
PERIODONTICS	23	29		3,750.00	129.31	.010	163.04	1.30
ENDODONTICS	12	20		4,153.00	207.65	.007	346.08	1.44
RESTORATIVE DENTISTRY	38	110		8,115.00	73.77	.038	213.55	2.81
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	20	38		6,138.00	161.53	.013	306.90	2.13
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	5	6		660.40	110.07	.002	132.08	.23
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

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MERCED COUNTY SUMMARY OF SERVICES FOR ALL BLIND

	2,885 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	33		81	\$ 1,768.24	\$ 21.83	.028	\$ 53.58	\$.61
DIAGNOSTIC AND ANC. PROCED	10		10	466.01	46.60	.003	46.60	.16
EYE APPLIANCES	21		59	1,074.79	18.22	.020	51.18	.37
OTHER OPTOMETRIC SERVICES	8		12	227.44	18.95	.004	28.43	.08
@CHIROPRACTOR	16		22	\$ 355.30	\$ 16.15	.008	\$ 22.21	\$.12
VISITS	16		22	355.30	16.15	.008	22.21	.12
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	41		60	\$ 430.15	\$ 7.17	.021	\$ 10.49	\$.15
MEDICINE/INJECTIONS	3		3	66.80	22.27	.001	22.27	.02
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	38		57	363.35	6.37	.020	9.56	.13
@HOME HEALTH AGENCY	4		25	\$ 1,871.50	\$ 74.86	.009	\$ 467.88	\$.65
NURSE ANESTHESIST	2		48	133.39	2.78	.017	66.70	.05
NURSE MIDWIFE	0		0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3		3	55.63	18.54	.001	18.54	.02
@TOTAL HOSPITAL	337		2,312	\$ 413,520.71	\$ 178.86	.801	\$ 1227.06	\$ 143.33
HOSP INPATIENT TOTAL	69		428	376,706.93	880.16	.148	5459.52	130.57
HSC HOSPITALS	45		303	330,305.18	1090.12	.105	7340.12	114.49
NON-HSC HOSPITAL TOTAL	4		16	30,120.49	1882.53	.006	7530.12	10.44
ACCOMMODATIONS	4		16	7,976.69	498.54	.006	1994.17	2.76
ADMINISTRATIVE DAYS	1		2	462.60	231.30	.001	462.60	.16
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3		14	7,514.09	536.72	.005	2504.70	2.60
ANCILLARIES	4		0	22,143.80	.00	.000	5535.95	7.68
INPATIENT CROSSOVERS	21		109	16,281.26	149.37	.038	775.30	5.64
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	292		1,884	36,813.78	19.54	.653	126.07	12.76
MEDICAL	59		100	3,537.54	35.38	.035	59.96	1.23
SURGERY	18		22	1,171.83	53.27	.008	65.10	.41
PATHOLOGY	95		523	5,730.47	10.96	.181	60.32	1.99
RADIOLOGY	67		87	5,041.91	57.95	.030	75.25	1.75
ROOM USE	99		141	5,909.17	41.91	.049	59.69	2.05
CROSSOVERS/ALL OTH OUTPTNT	178		1,011	15,422.86	15.26	.350	86.65	5.35
@COUNTY HOSPITAL TOTAL	1		3	\$ 4,056.00	\$ 1352.00	.001	\$ 4056.00	\$ 1.41
CO HOSPITAL INPATIENT TOTAL	1		3	4,056.00	1352.00	.001	4056.00	1.41
HSC HOSPITALS	1		3	4,056.00	1352.00	.001	4056.00	1.41
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00

2,885 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	336	2,309	\$ 409,464.71	\$ 177.33	.800	\$ 1218.64	\$ 141.93
COMM HOSP INPATIENT TOTAL	68	425	372,650.93	876.83	.147	5480.16	129.17
HSC HOSPITALS	44	300	326,249.18	1087.50	.104	7414.75	113.08
NON-HSC HOSPITALS TOTAL	4	16	30,120.49	1882.53	.006	7530.12	10.44
ACCOMMODATIONS	4	16	7,976.69	498.54	.006	1994.17	2.76
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.001	462.60	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	14	7,514.09	536.72	.005	2504.70	2.60
ANCILLARIES	4	0	22,143.80	.00	.000	5535.95	7.68
INPATIENT CROSSOVERS	21	109	16,281.26	149.37	.038	775.30	5.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	292	1,884	36,813.78	19.54	.653	126.07	12.76
MEDICAL	59	100	3,537.54	35.38	.035	59.96	1.23
SURGERY	18	22	1,171.83	53.27	.008	65.10	.41
PATHOLOGY	95	523	5,730.47	10.96	.181	60.32	1.99
RADIOLOGY	67	87	5,041.91	57.95	.030	75.25	1.75
ROOM USE	99	141	5,909.17	41.91	.049	59.69	2.05
CROSSOVERS/ALL OTH OUTPTNT	178	1,011	15,422.86	15.26	.350	86.65	5.35
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	120	3,166	\$ 362,342.17	\$ 114.45	1.097	\$ 3019.52	\$ 125.60
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	120	3,166	362,342.17	114.45	1.097	3019.52	125.60
@INTERMEDIATE CARE FACIL.-DD	45	1,545	\$ 269,722.83	\$ 174.58	.536	\$ 5993.84	\$ 93.49
ICF DDH	9	256	34,106.52	133.23	.089	3789.61	11.82
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	36	1,289	235,616.31	182.79	.447	6544.90	81.67
@HEMODIALYSIS TOTAL	183	2,994	\$ 181,625.88	\$ 60.66	1.038	\$ 992.49	\$ 62.96
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	183	2,994	181,625.88	60.66	1.038	992.49	62.96
@REHABILITATION FACILITY	4	21	\$ 404.32	\$ 19.25	.007	\$ 101.08	\$.14
HOSPITAL BASED	2	15	264.21	17.61	.005	132.11	.09
INDEPENDENT FACILITY	2	6	140.11	23.35	.002	70.06	.05
@LABORATORY FACILITY	215	980	\$ 9,693.49	\$ 9.89	.340	\$ 45.09	\$ 3.36
PATHOLOGY	204	964	9,619.91	9.98	.334	47.16	3.33
XO AND OTHERS	11	16	73.58	4.60	.006	6.69	.03
@ORGANIZED OUTPATIENT CLINIC	419	801	\$ 58,469.85	\$ 73.00	.278	\$ 139.55	\$ 20.27
CLINIC	17	81	2,322.48	28.67	.028	136.62	.81
SURGICENTER	39	93	4,313.85	46.39	.032	110.61	1.50
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	377	627	51,833.52	82.67	.217	137.49	17.97

2,885 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	626	145,990	\$ 264,900.54	\$ 1.81	50.603	\$ 423.16	\$ 91.82

DURABLE MED. EQUIP.	24	49	11,333.23	231.29	.017	472.22	3.93
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	17	21	5,621.54	267.69	.007	330.68	1.95
MEDICAL TRANSPORTATION	247	30,503	125,255.68	4.11	10.573	507.11	43.42
AMBULANCES/AIR TRANS	61	1,035	13,745.05	13.28	.359	225.33	4.76
OTHER TRANS	180	29,398	109,342.63	3.72	10.190	607.46	37.90
OTHER SERVICES	13	70	2,168.00	30.97	.024	166.77	.75
ACUPUNCTURE	5	8	151.38	18.92	.003	30.28	.05
ADULT DAY HEALTH CARE CTR	33	508	35,153.77	69.20	.176	1065.27	12.19
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	68	498	31,131.40	62.51	.173	457.81	10.79
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	69	163	5,251.01	32.21	.056	76.10	1.82
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	45	5,623.27	124.96	.016	432.56	1.95

PROSTHETICS	13	45	5,623.27	124.96	.016	432.56	1.95
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	5	294.39	58.88	.002	294.39	.10
SPEECH AND AUDIOLOGY	9	27	2,825.47	104.65	.009	313.94	.98
HOSPICE SERVICES	2	33	3,611.85	109.45	.011	1805.93	1.25
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	39	1,404	11,646.88	8.30	.487	298.64	4.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	256	112,726	27,000.67	.24	39.073	105.47	9.36
@CALIF. CHILDREN SERVICES*	63	1,747	\$ 28,359.97	\$ 16.23	.606	\$ 450.16	\$ 9.83
@XOVER EXCLUDING STATE HOSP**	634	28,010	\$ 167,815.31	\$ 5.99	9.709	\$ 264.69	\$ 58.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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@TOTAL, ALL PROVIDERS	79,959	2,767,292	\$ 55,622,004.82	\$ 20.10	27.408	\$ 695.63	\$ 550.89
@PHYSICIANS SERVICES	27,456	106,130	\$ 3,502,447.17	\$ 33.00	1.051	\$ 127.57	\$ 34.69
OUTPATIENT VISITS	14,013	20,202	741,528.49	36.71	.200	52.92	7.34
OFFICE VISITS	10,850	15,039	484,281.92	32.20	.149	44.63	4.80
HOME VISITS	31	51	2,038.09	39.96	.001	65.74	.02
EMERGENCY ROOM	2,981	3,616	198,672.02	54.94	.036	66.65	1.97
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	123	201	12,794.91	63.66	.002	104.02	.13
OTHER OUTPATIENT	1,078	1,294	43,697.70	33.77	.013	40.54	.43
INPATIENT VISITS	1,782	10,309	499,225.97	48.43	.102	280.15	4.94
HOSPITAL VISITS	1,433	9,057	373,062.89	41.19	.090	260.34	3.69
CRITICAL CARE	149	844	114,968.49	136.22	.008	771.60	1.14
SNF/ICF/TRANS IP CARE	327	408	11,194.59	27.44	.004	34.23	.11
OPHTHALMOLOGICAL SERVICES	552	687	29,130.27	42.40	.007	52.77	.29
EXAMINATIONS	549	684	29,074.04	42.51	.007	52.96	.29
SERVICES AND MATERIALS	3	3	56.23	18.74	.000	18.74	.00
INPATIENT HOSPITAL SURGERY	765	3,626	361,414.89	99.67	.036	472.44	3.58
PRINCIPAL SURGEON	564	968	287,168.10	296.66	.010	509.16	2.84
ASSISTANT SURGEON	70	71	13,410.39	188.88	.001	191.58	.13
ANESTHESIOLOGIST	252	2,587	60,836.40	23.52	.026	241.41	.60
OUTPATIENT SURGERY	1,631	4,298	351,222.15	81.72	.043	215.34	3.48
PRINCIPAL SURGEON	1,375	2,178	296,539.31	136.15	.022	215.66	2.94
ASSISTANT SURGEON	30	31	3,448.98	111.26	.000	114.97	.03
ANESTHESIOLOGIST	350	2,089	51,233.86	24.53	.021	146.38	.51
DIALYSIS	228	716	67,742.82	94.61	.007	297.12	.67
PATHOLOGY	2,788	6,415	43,675.61	6.81	.064	15.67	.43
RADIOLOGY	6,121	11,712	438,938.40	37.48	.116	71.71	4.35
PSYCHIATRY	6	6	180.98	30.16	.000	30.16	.00
IMMUNIZATION AND INJECTION	915	13,672	390,593.98	28.57	.135	426.88	3.87
OTHER SERVICES/ALL X-OVERS	11,315	34,487	578,793.61	16.78	.342	51.15	5.73
@PHARMACY	65,089	854,145	\$ 24,959,149.52	\$ 29.22	8.460	\$ 383.46	\$ 247.20
PRESCRIPTION DRUGS	64,189	298,379	23,474,690.72	78.67	2.955	365.71	232.50
SNF/ICF	1,850	12,518	1,020,354.19	81.51	.124	551.54	10.11
OUTPATIENTS	62,494	285,861	22,454,336.53	78.55	2.831	359.30	222.39
MEDICAL SUPPLIES	7,317	555,766	1,484,458.80	2.67	5.504	202.88	14.70
@DENTIST	5,839	29,372	\$ 1,169,221.70	\$ 39.81	.291	\$ 200.24	\$ 11.58
VISITS - DIAGNOSTIC	3,963	18,437	213,361.96	11.57	.183	53.84	2.11
ORAL SURGERY	888	2,235	123,817.25	55.40	.022	139.43	1.23

DRUGS	44	139	1,855.00	13.35	.001	42.16	.02
ANESTHESIA	74	80	7,900.00	98.75	.001	106.76	.08
PERIODONTICS	617	688	80,984.00	117.71	.007	131.25	.80
ENDODONTICS	426	670	136,901.50	204.33	.007	321.37	1.36
RESTORATIVE DENTISTRY	1,851	5,124	399,693.40	78.00	.051	215.93	3.96
PROSTHETICS	42	46	1,110.00	24.13	.000	26.43	.01
DENTURES, STAYPLATES	563	1,597	181,776.73	113.82	.016	322.87	1.80
SPACE MAINTAINERS	9	11	1,035.00	94.09	.000	115.00	.01
MAXILLOFACIAL SERVICES	81	84	10,079.36	119.99	.001	124.44	.10
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.01
ORTHODONTIC SERVICES	102	151	9,627.50	63.76	.001	94.39	.10
ALL OTHER SERVICES	135	109	280.00	2.57	.001	2.07	.00

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@OPTOMETRIST	1,856	5,454	\$ 117,227.04	\$ 21.49	.054	\$ 63.16	\$ 1.16
DIAGNOSTIC AND ANC. PROCED	720	724	32,787.74	45.29	.007	45.54	.32
EYE APPLIANCES	1,470	4,181	68,956.64	16.49	.041	46.91	.68
OTHER OPTOMETRIC SERVICES	395	549	15,482.66	28.20	.005	39.20	.15
@CHIROPRACTOR	394	635	\$ 10,281.99	\$ 16.19	.006	\$ 26.10	\$.10
VISITS	372	594	9,823.00	16.54	.006	26.41	.10
OTHER SERVICES	22	41	458.99	11.19	.000	20.86	.00
@PODIATRIST	754	1,106	\$ 12,107.92	\$ 10.95	.011	\$ 16.06	\$.12
MEDICINE/INJECTIONS	113	123	2,948.14	23.97	.001	26.09	.03
SURGERY/ANES.	5	7	104.02	14.86	.000	20.80	.00
RADIO./PATHOLOGY	2	4	69.20	17.30	.000	34.60	.00
OTHER	640	972	8,986.56	9.25	.010	14.04	.09
@HOME HEALTH AGENCY	428	13,479	\$ 497,656.88	\$ 36.92	.133	\$ 1162.75	\$ 4.93
NURSE ANESTHESIST	28	221	\$ 1,948.64	\$ 8.82	.002	\$ 69.59	\$.02
NURSE MIDWIFE	2	4	\$ 124.26	\$ 31.07	.000	\$ 62.13	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	64	112	\$ 2,788.25	\$ 24.90	.001	\$ 43.57	\$.03
@TOTAL HOSPITAL	12,109	77,918	\$ 11,269,700.94	\$ 144.64	.772	\$ 930.69	\$ 111.62
HOSP INPATIENT TOTAL	1,465	9,932	9,497,834.40	956.29	.098	6483.16	94.07
HSC HOSPITALS	1,033	7,280	8,635,117.05	1186.14	.072	8359.26	85.52
NON-HSC HOSPITAL TOTAL	120	562	574,574.90	1022.38	.006	4788.12	5.69
ACCOMMODATIONS	120	562	190,886.98	339.66	.006	1590.72	1.89
ADMINISTRATIVE DAYS	55	347	80,396.58	231.69	.003	1461.76	.80
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	68	215	110,490.40	513.91	.002	1624.86	1.09
ANCILLARIES	120	0	383,687.92	.00	.000	3197.40	3.80
INPATIENT CROSSOVERS	342	2,090	288,142.45	137.87	.021	842.52	2.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11,133	67,986	1,771,866.54	26.06	.673	159.15	17.55
MEDICAL	3,144	5,465	207,872.20	38.04	.054	66.12	2.06
SURGERY	952	1,185	48,932.19	41.29	.012	51.40	.48
PATHOLOGY	3,920	19,970	219,779.81	11.01	.198	56.07	2.18
RADIOLOGY	2,865	4,781	369,312.55	77.25	.047	128.90	3.66
ROOM USE	4,632	6,996	290,039.00	41.46	.069	62.62	2.87
CROSSOVERS/ALL OTH OUTPTNT	5,777	29,589	635,930.79	21.49	.293	110.08	6.30
@COUNTY HOSPITAL TOTAL	205	1,486	\$ 274,576.12	\$ 184.78	.015	\$ 1339.40	\$ 2.72
CO HOSPITAL INPATIENT TOTAL	27	193	235,379.78	1219.58	.002	8717.77	2.33
HSC HOSPITALS	26	174	213,447.00	1226.71	.002	8209.50	2.11
NON-HSC HOSPITALS TOTAL	2	19	21,932.78	1154.36	.000	10966.39	.22
ACCOMMODATIONS	2	19	4,394.70	231.30	.000	2197.35	.04
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.000	1156.50	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	14	3,238.20	231.30	.000	3238.20	.03
ANCILLARIES	2	0	17,538.08	.00	.000	8769.04	.17
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	186	1,293	39,196.34	30.31	.013	210.73	.39
MEDICAL	76	186	6,380.60	34.30	.002	83.96	.06
SURGERY	8	13	1,404.97	108.07	.000	175.62	.01
PATHOLOGY	74	420	4,810.26	11.45	.004	65.00	.05
RADIOLOGY	47	98	9,885.59	100.87	.001	210.33	.10
ROOM USE	110	183	6,690.57	36.56	.002	60.82	.07
CROSSOVERS/ALL OTH OUTPTNT	86	393	10,024.35	25.51	.004	116.56	.10

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@COMMUNITY HOSPITAL TOTAL	11,956	76,432	\$	10,995,124.82	\$ 143.85	.757	\$ 919.63	\$ 108.90
COMM HOSP INPATIENT TOTAL	1,440	9,739		9,262,454.62	951.07	.096	6432.26	91.74
HSC HOSPITALS	1,009	7,106		8,421,670.05	1185.15	.070	8346.55	83.41
NON-HSC HOSPITALS TOTAL	118	543		552,642.12	1017.76	.005	4683.41	5.47
ACCOMMODATIONS	118	543		186,492.28	343.45	.005	1580.44	1.85
ADMINISTRATIVE DAYS	54	342		79,240.08	231.70	.003	1467.41	.78
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	67	201		107,252.20	533.59	.002	1600.78	1.06
ANCILLARIES	118	0		366,149.84	.00	.000	3102.96	3.63
INPATIENT CROSSOVERS	342	2,090		288,142.45	137.87	.021	842.52	2.85
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,994	66,693		1,732,670.20	25.98	.661	157.60	17.16
MEDICAL	3,074	5,279		201,491.60	38.17	.052	65.55	2.00
SURGERY	944	1,172		47,527.22	40.55	.012	50.35	.47
PATHOLOGY	3,855	19,550		214,969.55	11.00	.194	55.76	2.13
RADIOLOGY	2,821	4,683		359,426.96	76.75	.046	127.41	3.56
ROOM USE	4,547	6,813		283,348.43	41.59	.067	62.32	2.81
CROSSOVERS/ALL OTH OUTPTNT	5,705	29,196		625,906.44	21.44	.289	109.71	6.20
@STATE HOSPITAL	21	621	\$	285,464.88	\$ 459.69	.006	\$ 13593.57	\$ 2.83
MENTALLY ILL	2	90		38,995.62	433.28	.001	19497.81	.39
DEVELOP. DISABLED	19	531		246,469.26	464.16	.005	12972.07	2.44
@NURSING FACILITY	1,166	29,282	\$	3,599,254.33	\$ 122.92	.290	\$ 3086.84	\$ 35.65
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	46	1,514		168,574.42	111.34	.015	3664.66	1.67
LEV B-SUBACUTE FREESTANDING	1	2		606.80	303.40	.000	606.80	.01
LEV B-SUBACUTE HSPTL BASED	14	428		186,424.10	435.57	.004	13316.01	1.85
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,108	27,338		3,243,649.01	118.65	.271	2927.48	32.13
@INTERMEDIATE CARE FACIL.-DD	461	15,177	\$	2,569,691.02	\$ 169.31	.150	\$ 5574.17	\$ 25.45
ICF DDH	169	5,420		781,054.70	144.11	.054	4621.63	7.74
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	292	9,757		1,788,636.32	183.32	.097	6125.47	17.72
@HEMODIALYSIS TOTAL	1,037	13,510	\$	947,932.02	\$ 70.17	.134	\$ 914.11	\$ 9.39
HOSPITAL BASED	10	13		33,149.19	2549.94	.000	3314.92	.33
HEMODIALYSIS CENTER	1,027	13,497		914,782.83	67.78	.134	890.73	9.06
@REHABILITATION FACILITY	297	1,950	\$	48,602.31	\$ 24.92	.019	\$ 163.64	\$.48
HOSPITAL BASED	132	480		17,943.35	37.38	.005	135.93	.18
INDEPENDENT FACILITY	169	1,470		30,658.96	20.86	.015	181.41	.30
@LABORATORY FACILITY	7,907	34,325	\$	372,304.04	\$ 10.85	.340	\$ 47.09	\$ 3.69
PATHOLOGY	7,661	33,644		363,057.50	10.79	.333	47.39	3.60
XO AND OTHERS	247	681		9,246.54	13.58	.007	37.44	.09
@ORGANIZED OUTPATIENT CLINIC	18,888	32,979	\$	3,022,879.16	\$ 91.66	.327	\$ 160.04	\$ 29.94
CLINIC	702	2,462		53,518.75	21.74	.024	76.24	.53

SURGICENTER	1,061	2,176	80,868.84	37.16	.022	76.22	.80
HEROIN DETOX CLINIC	20	237	2,640.02	11.14	.002	132.00	.03
RURAL HEALTH CLINIC	17,626	28,104	2,885,851.55	102.68	.278	163.73	28.58

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,588
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
100,967 ELIGIBLES							
@ALL OTHER PROVIDERS	13,906	1,550,872	\$ 3,233,222.75	\$ 2.08	15.360	\$ 232.51	\$ 32.02
DURABLE MED. EQUIP.	1,226	3,781	805,609.30	213.07	.037	657.10	7.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	346	663	106,565.88	160.73	.007	307.99	1.06
MEDICAL TRANSPORTATION	2,455	79,882	569,554.76	7.13	.791	232.00	5.64
AMBULANCES/AIR TRANS	1,669	21,707	293,546.56	13.52	.215	175.88	2.91
OTHER TRANS	693	55,996	224,097.65	4.00	.555	323.37	2.22
OTHER SERVICES	209	2,179	51,910.55	23.82	.022	248.38	.51
ACUPUNCTURE	95	216	3,979.16	18.42	.002	41.89	.04
ADULT DAY HEALTH CARE CTR	275	4,310	297,959.62	69.13	.043	1083.49	2.95
GENETIC DISEASE TESTING	17	17	1,785.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	551	2,751	208,237.09	75.70	.027	377.93	2.06
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,801	6,636	91,101.20	13.73	.066	32.52	.90
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	43	96	1,866.69	19.44	.001	43.41	.02
PROSTHETIST/ORTHOTISTS	512	1,342	139,208.57	103.73	.013	271.89	1.38
PROSTHETICS	446	1,264	136,411.90	107.92	.013	305.86	1.35
ORTHOTICS	66	78	2,796.67	35.85	.001	42.37	.03
PSYCHOLOGIST	2	3	227.97	75.99	.000	113.99	.00
SPEECH AND AUDIOLOGY	310	743	45,416.31	61.13	.007	146.50	.45
HOSPICE SERVICES	74	1,895	213,098.22	112.45	.019	2879.71	2.11
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,990	22,301	178,903.58	8.02	.221	89.90	1.77
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,777	1,426,236	569,709.40	.40	14.126	119.26	5.64
@CALIF. CHILDREN SERVICES*	2,478	139,630	\$ 3,615,017.98	\$ 25.89	1.383	\$ 1458.85	\$ 35.80
@XOVER EXCLUDING STATE HOSP**	12,383	138,761	\$ 1,796,392.40	\$ 12.95	1.374	\$ 145.07	\$ 17.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,589
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
598,412 ELIGIBLES							
@TOTAL, ALL PROVIDERS	249,558	1,315,940	\$ 62,690,578.66	\$ 47.64	2.199	\$ 251.21	\$ 104.76
@PHYSICIANS SERVICES	87,703	207,195	\$ 8,802,016.07	\$ 42.48	.346	\$ 100.36	\$ 14.71
OUTPATIENT VISITS	65,048	86,901	3,346,396.94	38.51	.145	51.45	5.59
OFFICE VISITS	45,835	56,497	1,897,432.87	33.58	.094	41.40	3.17
HOME VISITS	13	17	641.36	37.73	.000	49.34	.00
EMERGENCY ROOM	14,836	16,242	804,452.72	49.53	.027	54.22	1.34
PREVENTIVE CARE	37	37	1,485.64	40.15	.000	40.15	.00
OB VISITS/COMPRI PERI	4,662	10,779	536,364.35	49.76	.018	115.05	.90
OTHER OUTPATIENT	3,061	3,329	106,020.00	31.85	.006	34.64	.18
INPATIENT VISITS	4,002	13,321	896,729.48	67.32	.022	224.07	1.50
HOSPITAL VISITS	3,799	10,287	460,514.82	44.77	.017	121.22	.77
CRITICAL CARE	344	2,987	434,324.73	145.40	.005	1262.57	.73

SNF/ICF/TRANS IP CARE	12	47	1,889.93	40.21	.000	157.49	.00
OPHTHALMOLOGICAL SERVICES	939	1,042	45,891.88	44.04	.002	48.87	.08
EXAMINATIONS	925	1,028	45,554.45	44.31	.002	49.25	.08
SERVICES AND MATERIALS	14	14	337.43	24.10	.000	24.10	.00
INPATIENT HOSPITAL SURGERY	3,730	13,124	1,812,553.62	138.11	.022	485.94	3.03
PRINCIPAL SURGEON	2,759	3,260	1,490,168.96	457.11	.005	540.11	2.49
ASSISTANT SURGEON	537	538	91,732.81	170.51	.001	170.82	.15
ANESTHESIOLOGIST	1,118	9,326	230,651.85	24.73	.016	206.31	.39
OUTPATIENT SURGERY	5,421	14,116	916,945.83	64.96	.024	169.15	1.53
PRINCIPAL SURGEON	4,277	5,402	702,435.25	130.03	.009	164.24	1.17
ASSISTANT SURGEON	55	55	6,003.20	109.15	.000	109.15	.01
ANESTHESIOLOGIST	1,767	8,659	208,507.38	24.08	.014	118.00	.35
DIALYSIS	74	145	17,690.15	122.00	.000	239.06	.03
PATHOLOGY	9,857	18,242	120,427.49	6.60	.030	12.22	.20
RADIOLOGY	18,467	27,146	857,487.66	31.59	.045	46.43	1.43
PSYCHIATRY	5	5	188.05	37.61	.000	37.61	.00

IMMUNIZATION AND INJECTION	2,144	7,703		187,454.75		24.34	.013	87.43	.31
OTHER SERVICES/ALL X-OVERS	11,180	25,450		600,250.22		23.59	.043	53.69	1.00
@PHARMACY	125,189	374,428	\$	13,054,558.12	\$	34.87	.626	\$ 104.28	\$ 21.82
PRESCRIPTION DRUGS	123,776	307,358		12,568,930.56		40.89	.514	101.55	21.00
SNF/ICF	30	116		6,818.68		58.78	.000	227.29	.01
OUTPATIENTS	123,750	307,242		12,562,111.88		40.89	.513	101.51	20.99
MEDICAL SUPPLIES	4,709	67,070		485,627.56		7.24	.112	103.13	.81
@DENTIST	28,338	163,549	\$	5,230,685.31	\$	31.98	.273	\$ 184.58	\$ 8.74
VISITS - DIAGNOSTIC	20,482	107,859		1,418,959.29		13.16	.180	69.28	2.37
ORAL SURGERY	4,095	7,890		467,582.65		59.26	.013	114.18	.78
DRUGS	462	888		14,981.25		16.87	.001	32.43	.03
ANESTHESIA	354	368		35,316.00		95.97	.001	99.76	.06
PERIODONTICS	1,222	1,258		134,681.30		107.06	.002	110.21	.23
ENDODONTICS	2,812	5,613		706,086.62		125.79	.009	251.10	1.18
RESTORATIVE DENTISTRY	10,492	34,075		2,012,290.55		59.05	.057	191.79	3.36
PROSTHETICS	75	78		1,830.00		23.46	.000	24.40	.00
DENTURES, STAYPLATES	292	1,159		91,079.61		78.58	.002	311.92	.15
SPACE MAINTAINERS	314	368		40,586.00		110.29	.001	129.25	.07
MAXILLOFACIAL SERVICES	705	716		77,553.71		108.32	.001	110.01	.13
FRACTURES, DISLOCATIONS	3	3		1,600.00		533.33	.000	533.33	.00
ORTHODONTIC SERVICES	2,164	2,670		220,256.25		82.49	.004	101.78	.37
ALL OTHER SERVICES	762	604		7,882.08		13.05	.001	10.34	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 7,590
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MERCED COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES								

598,412 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5,274	15,492	\$ 375,891.04	\$ 24.26	.026	\$ 71.27	\$.63
DIAGNOSTIC AND ANC. PROCED	3,261	3,285	149,718.01	45.58	.005	45.91	.25
EYE APPLIANCES	4,014	11,185	167,590.50	14.98	.019	41.75	.28
OTHER OPTOMETRIC SERVICES	987	1,022	58,582.53	57.32	.002	59.35	.10
@CHIROPRACTOR	925	1,487	\$ 24,598.85	\$ 16.54	.002	\$ 26.59	\$.04
VISITS	924	1,485	24,565.41	16.54	.002	26.59	.04
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.00
@PODIATRIST	99	201	\$ 6,815.17	\$ 33.91	.000	\$ 68.84	\$.01
MEDICINE/INJECTIONS	78	96	3,273.07	34.09	.000	41.96	.01
SURGERY/ANES.	12	15	1,050.03	70.00	.000	87.50	.00
RADIO./PATHOLOGY	13	23	397.90	17.30	.000	30.61	.00
OTHER	26	67	2,094.17	31.26	.000	80.55	.00
@HOME HEALTH AGENCY	272	1,086	\$ 71,642.56	\$ 65.97	.002	\$ 263.39	\$.12
NURSE ANESTHESIST	4	35	463.82	13.25	.000	115.96	.00
NURSE MIDWIFE	7	28	931.53	33.27	.000	133.08	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	73	104	\$ 3,644.78	\$ 35.05	.000	\$ 49.93	\$.01
@TOTAL HOSPITAL	34,306	130,488	\$ 20,645,119.37	\$ 158.21	.218	\$ 601.79	\$ 34.50
HOSP INPATIENT TOTAL	3,605	13,635	17,519,306.95	1284.88	.023	4859.72	29.28
HSC HOSPITALS	3,065	11,662	14,710,820.45	1261.43	.019	4799.62	24.58
NON-HSC HOSPITAL TOTAL	553	1,919	2,802,385.88	1460.34	.003	5067.61	4.68
ACCOMMODATIONS	553	1,919	819,842.85	427.22	.003	1482.54	1.37
ADMINISTRATIVE DAYS	18	80	18,486.83	231.09	.000	1027.05	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	536	1,839	801,356.02	435.76	.003	1495.07	1.34
ANCILLARIES	553	0	1,982,543.03	.00	.000	3585.07	3.31
INPATIENT CROSSOVERS	8	54	6,100.62	112.97	.000	762.58	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	31,684	116,853	3,125,812.42	26.75	.195	98.66	5.22
MEDICAL	9,958	13,574	491,853.72	36.23	.023	49.39	.82
SURGERY	2,616	2,932	113,567.20	38.73	.005	43.41	.19
PATHOLOGY	10,706	39,586	426,761.34	10.78	.066	39.86	.71

RADIOLOGY	8,558	11,285		672,563.01	59.60	.019	78.59	1.12
ROOM USE	19,774	24,404		953,137.82	39.06	.041	48.20	1.59
CROSSOVERS/ALL OTH OUTPTNT	11,979	25,072		467,929.33	18.66	.042	39.06	.78
@COUNTY HOSPITAL TOTAL	247	1,027	\$	187,968.91	\$ 183.03	.002	\$ 761.01	\$.31
CO HOSPITAL INPATIENT TOTAL	35	127		159,736.93	1257.77	.000	4563.91	.27
HSC HOSPITALS	35	125		157,868.44	1262.95	.000	4510.53	.26
NON-HSC HOSPITALS TOTAL	1	2		1,868.49	934.25	.000	1868.49	.00
ACCOMMODATIONS	1	2		462.60	231.30	.000	462.60	.00
ADMINISTRATIVE DAYS	1	2		462.60	231.30	.000	462.60	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		1,405.89	.00	.000	1405.89	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	221	900		28,231.98	31.37	.002	127.75	.05
MEDICAL	76	112		4,946.20	44.16	.000	65.08	.01
SURGERY	20	27		1,618.75	59.95	.000	80.94	.00
PATHOLOGY	64	261		3,508.01	13.44	.000	54.81	.01
RADIOLOGY	51	92		4,606.46	50.07	.000	90.32	.01
ROOM USE	147	207		8,263.36	39.92	.000	56.21	.01
CROSSOVERS/ALL OTH OUTPTNT	101	201		5,289.20	26.31	.000	52.37	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
MERCED COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES							

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	598,412 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34,095	129,461	\$	20,457,150.46	\$ 158.02	.216	\$ 600.00	\$ 34.19
COMM HOSP INPATIENT TOTAL	3,572	13,508		17,359,570.02	1285.13	.023	4859.90	29.01
HSC HOSPITALS	3,032	11,537		14,552,952.01	1261.42	.019	4799.79	24.32
NON-HSC HOSPITALS TOTAL	552	1,917		2,800,517.39	1460.89	.003	5073.40	4.68
ACCOMMODATIONS	552	1,917		819,380.25	427.43	.003	1484.38	1.37
ADMINISTRATIVE DAYS	17	78		18,024.23	231.08	.000	1060.25	.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	536	1,839		801,356.02	435.76	.003	1495.07	1.34
ANCILLARIES	552	0		1,981,137.14	.00	.000	3589.02	3.31
INPATIENT CROSSOVERS	8	54		6,100.62	112.97	.000	762.58	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	31,495	115,953		3,097,580.44	26.71	.194	98.35	5.18
MEDICAL	9,886	13,462		486,907.52	36.17	.022	49.25	.81
SURGERY	2,596	2,905		111,948.45	38.54	.005	43.12	.19
PATHOLOGY	10,649	39,325		423,253.33	10.76	.066	39.75	.71
RADIOLOGY	8,513	11,193		667,956.55	59.68	.019	78.46	1.12
ROOM USE	19,639	24,197		944,874.46	39.05	.040	48.11	1.58
CROSSOVERS/ALL OTH OUTPTNT	11,882	24,871		462,640.13	18.60	.042	38.94	.77
@STATE HOSPITAL	3	88	\$	42,387.73	\$ 481.68	.000	\$ 14129.24	\$.07
MENTALLY ILL	3	88		42,387.73	481.68	.000	14129.24	.07
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	27	584	\$	154,761.57	\$ 265.00	.001	\$ 5731.91	\$.26
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	151		100,010.95	662.32	.000	20002.19	.17
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	22	433		54,750.62	126.44	.001	2488.66	.09
@INTERMEDIATE CARE FACIL.-DD	1	6	\$	1,081.89	\$ 180.32	.000	\$ 1081.89	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	6		1,081.89	180.32	.000	1081.89	.00
@HEMODIALYSIS TOTAL	104	4,671	\$	261,389.44	\$ 55.96	.008	\$ 2513.36	\$.44

HOSPITAL BASED	7	190		94,597.88		497.88	.000	13513.98	.16
HEMODIALYSIS CENTER	97	4,481		166,791.56		37.22	.007	1719.50	.28
@REHABILITATION FACILITY	240	1,104	\$	32,266.07	\$	29.23	.002	\$ 134.44	\$.05
HOSPITAL BASED	192	625		22,881.05		36.61	.001	119.17	.04
INDEPENDENT FACILITY	49	479		9,385.02		19.59	.001	191.53	.02
@LABORATORY FACILITY	21,603	70,179	\$	957,877.66	\$	13.65	.117	\$ 44.34	\$ 1.60
PATHOLOGY	21,573	70,141		956,105.81		13.63	.117	44.32	1.60
XO AND OTHERS	38	38		1,771.85		46.63	.000	46.63	.00
@ORGANIZED OUTPATIENT CLINIC	71,396	120,458	\$	11,102,112.59	\$	92.17	.201	\$ 155.50	\$ 18.55
CLINIC	6,856	22,367		494,945.90		22.13	.037	72.19	.83
SURGICENTER	2,055	7,974		316,397.70		39.68	.013	153.96	.53
HEROIN DETOX CLINIC	4	41		476.47		11.62	.000	119.12	.00
RURAL HEALTH CLINIC	63,833	90,076		10,290,292.52		114.24	.151	161.21	17.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 7,592
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MERCED COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES								

						----- MONTHLY AVERAGE -----			
598,412 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	32,722	224,752	\$ 1,922,252.74	\$ 8.55	.376	\$ 58.74	\$ 3.21		
DURABLE MED. EQUIP.	545	1,502	131,803.05	87.75	.003	241.84	.22		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	65	205	22,745.97	110.96	.000	349.94	.04		
MEDICAL TRANSPORTATION	2,774	39,095	637,135.29	16.30	.065	229.68	1.06		
AMBULANCES/AIR TRANS	2,766	38,173	452,444.13	11.85	.064	163.57	.76		
OTHER TRANS	4	811	2,149.75	2.65	.001	537.44	.00		
OTHER SERVICES	101	111	182,541.41	1644.52	.000	1807.34	.31		
ACUPUNCTURE	153	290	5,535.93	19.09	.000	36.18	.01		
ADULT DAY HEALTH CARE CTR	2	3	219.18	73.06	.000	109.59	.00		
GENETIC DISEASE TESTING	908	912	94,243.25	103.34	.002	103.79	.16		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	6,293	14,378	150,487.98	10.47	.024	23.91	.25		
PHYSICAL THERAPIST	2	7	325.27	46.47	.000	162.64	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	746	1,370	95,531.96	69.73	.002	128.06	.16		
PROSTHETICS	423	968	71,235.44	73.59	.002	168.41	.12		
ORTHOTICS	344	402	24,296.52	60.44	.001	70.63	.04		
PSYCHOLOGIST	20	131	6,951.53	53.07	.000	347.58	.01		
SPEECH AND AUDIOLOGY	287	699	39,488.12	56.49	.001	137.59	.07		
HOSPICE SERVICES	2	12	1,431.16	119.26	.000	715.58	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	21,047	71,534	695,852.72	9.73	.120	33.06	1.16		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	1	5	82.35	16.47	.000	82.35	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	394	94,614	40,501.33	.43	.158	102.80	.07		
@CALIF. CHILDREN SERVICES*	2,551	19,486	\$ 5,803,156.33	\$ 297.81	.033	\$ 2274.86	\$ 9.70		
@XOVER EXCLUDING STATE HOSP**	576	7,722	\$ 79,469.45	\$ 10.29	.013	\$ 137.97	\$.13		

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 7,593
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT								

						----- MONTHLY AVERAGE -----			
14,666 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	7,807	50,910	\$ 2,278,352.98	\$ 44.75	3.471	\$ 291.83	\$ 155.35		
@PHYSICIANS SERVICES	2,650	6,728	\$ 334,018.38	\$ 49.65	.459	\$ 126.04	\$ 22.78		

OUTPATIENT VISITS	1,902	2,937		120,377.66		40.99	.200	63.29	8.21
OFFICE VISITS	1,125	1,418		48,727.96		34.36	.097	43.31	3.32
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	483	540		28,296.90		52.40	.037	58.59	1.93
PREVENTIVE CARE	3	3		126.91		42.30	.000	42.30	.01
OB VISITS/COMPRE PERI	331	866		39,672.99		45.81	.059	119.86	2.71
OTHER OUTPATIENT	97	110		3,552.90		32.30	.008	36.63	.24
INPATIENT VISITS	187	585		45,546.66		77.86	.040	243.57	3.11
HOSPITAL VISITS	165	404		19,259.51		47.67	.028	116.72	1.31
CRITICAL CARE	27	174		26,082.15		149.90	.012	966.01	1.78
SNF/ICF/TRANS IP CARE	7	7		205.00		29.29	.000	29.29	.01
OPHTHALMOLOGICAL SERVICES	20	21		967.69		46.08	.001	48.38	.07
EXAMINATIONS	20	21		967.69		46.08	.001	48.38	.07
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	175	580		87,288.00		150.50	.040	498.79	5.95
PRINCIPAL SURGEON	129	146		70,607.00		483.61	.010	547.34	4.81
ASSISTANT SURGEON	23	23		4,771.36		207.45	.002	207.45	.33
ANESTHESIOLOGIST	53	411		11,909.64		28.98	.028	224.71	.81
OUTPATIENT SURGERY	178	426		25,576.20		60.04	.029	143.69	1.74
PRINCIPAL SURGEON	142	170		19,256.87		113.28	.012	135.61	1.31
ASSISTANT SURGEON	4	4		301.95		75.49	.000	75.49	.02
ANESTHESIOLOGIST	60	252		6,017.38		23.88	.017	100.29	.41
DIALYSIS	0	0		458.40		.00	.000	.00	.03
PATHOLOGY	327	681		4,681.63		6.87	.046	14.32	.32
RADIOLOGY	587	837		27,551.64		32.92	.057	46.94	1.88
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	58	82		2,322.54		28.32	.006	40.04	.16
OTHER SERVICES/ALL X-OVERS	329	579		19,247.96		33.24	.039	58.50	1.31
@PHARMACY	3,501	8,897	\$	298,148.13	\$	33.51	.607	85.16	20.33
PRESCRIPTION DRUGS	3,452	7,443		285,502.23		38.36	.508	82.71	19.47
SNF/ICF	30	125		11,469.65		91.76	.009	382.32	.78
OUTPATIENTS	3,423	7,318		274,032.58		37.45	.499	80.06	18.68
MEDICAL SUPPLIES	118	1,454		12,645.90		8.70	.099	107.17	.86
@DENTIST	609	3,762	\$	120,471.08	\$	32.02	.257	197.82	8.21
VISITS - DIAGNOSTIC	455	2,385		33,674.86		14.12	.163	74.01	2.30
ORAL SURGERY	78	154		14,123.00		91.71	.011	181.06	.96
DRUGS	12	29		430.00		14.83	.002	35.83	.03
ANESTHESIA	16	18		1,700.00		94.44	.001	106.25	.12
PERIODONTICS	17	18		1,304.00		72.44	.001	76.71	.09
ENDODONTICS	54	122		18,287.00		149.89	.008	338.65	1.25
RESTORATIVE DENTISTRY	248	908		43,590.25		48.01	.062	175.77	2.97
PROSTHETICS	3	24		.00		.00	.002	.00	.00
DENTURES, STAYPLATES	4	11		492.00		44.73	.001	123.00	.03
SPACE MAINTAINERS	9	8		1,171.00		146.38	.001	130.11	.08
MAXILLOFACIAL SERVICES	10	9		2,593.97		288.22	.001	259.40	.18
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	44	50		2,955.00		59.10	.003	67.16	.20
ALL OTHER SERVICES	22	26		150.00		5.77	.002	6.82	.01

#CALIF DEPT OF HEALTH SERV MOP024
MERCED COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

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	14,666 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	139	444	\$	10,464.23	\$ 23.57	.030	\$ 75.28	\$.71
DIAGNOSTIC AND ANC. PROCED	86	86		3,884.09	45.16	.006	45.16	.26
EYE APPLIANCES	114	330		4,783.63	14.50	.023	41.96	.33
OTHER OPTOMETRIC SERVICES	28	28		1,796.51	64.16	.002	64.16	.12
@CHIROPRACTOR	11	15	\$	250.80	\$ 16.72	.001	\$ 22.80	\$.02
VISITS	11	15		250.80	16.72	.001	22.80	.02

OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	8	20	\$	1,407.74	\$	.001	\$	175.97
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	1,147	4,773	\$	981,031.05	\$	.325	\$	855.30
HOSP INPATIENT TOTAL	158	703		880,852.57		.048		5575.02
HSC HOSPITALS	141	624		781,234.40		.043		5540.67
NON-HSC HOSPITAL TOTAL	19	79		99,618.17		.005		5243.06
ACCOMMODATIONS	19	79		30,757.16		.005		1618.80

ADMINISTRATIVE DAYS	1	14	3,238.20	231.30	.001	3238.20	.22
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	65	27,518.96	423.37	.004	1528.83	1.88
ANCILLARIES	19	0	68,861.01	.00	.000	3624.26	4.70
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,025	4,070	100,178.48	24.61	.278	97.74	6.83
MEDICAL	325	434	17,401.83	40.10	.030	53.54	1.19
SURGERY	87	100	4,745.62	47.46	.007	54.55	.32
PATHOLOGY	405	1,557	16,954.18	10.89	.106	41.86	1.16
RADIOLOGY	252	307	15,445.74	50.31	.021	61.29	1.05
ROOM USE	666	845	33,437.47	39.57	.058	50.21	2.28
CROSSOVERS/ALL OTH OUTPTNT	385	827	12,193.64	14.74	.056	31.67	.83
@COUNTY HOSPITAL TOTAL	6	23	\$ 653.19	\$ 28.40	.002	\$ 108.87	\$.04
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	23	653.19	28.40	.002	108.87	.04
MEDICAL	2	2	62.10	31.05	.000	31.05	.00
SURGERY	2	2	57.32	28.66	.000	28.66	.00
PATHOLOGY	1	7	141.04	20.15	.000	141.04	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	6	331.45	55.24	.000	82.86	.02
CROSSOVERS/ALL OTH OUTPTNT	3	6	61.28	10.21	.000	20.43	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	14,666 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,141	4,750	\$	980,377.86	\$ 206.40	.324	\$ 859.23	\$ 66.85
COMM HOSP INPATIENT TOTAL	158	703		880,852.57	1252.99	.048	5575.02	60.06
HSC HOSPITALS	141	624		781,234.40	1251.98	.043	5540.67	53.27
NON-HSC HOSPITALS TOTAL	19	79		99,618.17	1260.99	.005	5243.06	6.79
ACCOMMODATIONS	19	79		30,757.16	389.33	.005	1618.80	2.10
ADMINISTRATIVE DAYS	1	14		3,238.20	231.30	.001	3238.20	.22
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	65		27,518.96	423.37	.004	1528.83	1.88
ANCILLARIES	19	0		68,861.01	.00	.000	3624.26	4.70
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,019	4,047		99,525.29	24.59	.276	97.67	6.79
MEDICAL	323	432		17,339.73	40.14	.029	53.68	1.18
SURGERY	85	98		4,688.30	47.84	.007	55.16	.32
PATHOLOGY	404	1,550		16,813.14	10.85	.106	41.62	1.15
RADIOLOGY	252	307		15,445.74	50.31	.021	61.29	1.05
ROOM USE	662	839		33,106.02	39.46	.057	50.01	2.26
CROSSOVERS/ALL OTH OUTPTNT	382	821		12,132.36	14.78	.056	31.76	.83
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	85	\$	8,959.27	\$ 105.40	.006	\$ 8959.27	\$.61
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1	85		8,959.27		105.40	.006	8959.27	.61
@INTERMEDIATE CARE FACIL.-DD	12	365	\$	66,718.35	\$	182.79	.025	\$ 5559.86	\$ 4.55
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	12	365		66,718.35		182.79	.025	5559.86	4.55
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	5	30	\$	705.18	\$	23.51	.002	\$ 141.04	\$.05
HOSPITAL BASED	3	13		402.27		30.94	.001	134.09	.03
INDEPENDENT FACILITY	2	17		302.91		17.82	.001	151.46	.02
@LABORATORY FACILITY	838	2,371	\$	35,236.22	\$	14.86	.162	\$ 42.05	\$ 2.40
PATHOLOGY	837	2,370		35,176.72		14.84	.162	42.03	2.40
XO AND OTHERS	1	1		59.50		59.50	.000	59.50	.00
@ORGANIZED OUTPATIENT CLINIC	2,581	4,446	\$	359,165.93	\$	80.78	.303	\$ 139.16	\$ 24.49
CLINIC	294	1,075		25,531.74		23.75	.073	86.84	1.74
SURGICENTER	50	248		9,281.94		37.43	.017	185.64	.63
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2,277	3,123		324,352.25		103.86	.213	142.45	22.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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MERCED COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT								

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14,666 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	602	18,974	\$ 61,776.62	\$ 3.26	1.294	\$ 102.62	\$ 4.21
DURABLE MED. EQUIP.	19	30	8,411.48	280.38	.002	442.71	.57
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	16	1,885.87	117.87	.001	314.31	.13
MEDICAL TRANSPORTATION	123	1,959	25,740.25	13.14	.134	209.27	1.76
AMBULANCES/AIR TRANS	123	1,956	20,340.25	10.40	.133	165.37	1.39
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	5,400.00	1800.00	.000	1800.00	.37
ACUPUNCTURE	1	1	16.22	16.22	.000	16.22	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	52	52	5,396.00	103.77	.004	103.77	.37
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	166	380	3,650.62	9.61	.026	21.99	.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	32.20	16.10	.000	32.20	.00
PROSTHETIST/ORTHOTISTS	28	29	2,149.12	74.11	.002	76.75	.15
PROSTHETICS	8	9	453.91	50.43	.001	56.74	.03
ORTHOTICS	20	20	1,695.21	84.76	.001	84.76	.12
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	9	449.46	49.94	.001	112.37	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	187	1,016	9,949.06	9.79	.069	53.20	.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	32	15,480	4,096.34	.26	1.056	128.01	.28
@CALIF. CHILDREN SERVICES*	106	1,057	\$ 290,627.81	\$ 274.96	.072	\$ 2741.77	\$ 19.82
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
MERCED COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 7,598
01/29/04

MERCED COUNTY

SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,600
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,601
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES 73			
				PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,602
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,603
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,604

MOP024
MERCED COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES 73		MONTHLY AVERAGE	
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 7,605

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MERCED COUNTY

SUMMARY OF SERVICES FOR IRCA ALIENS

AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,606
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,607
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 MERCED COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,608
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,609
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

7,125 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,511	15,072	\$ 1,973,918.57	\$ 130.97	2.115	\$ 786.11	\$ 277.04
@PHYSICIANS SERVICES	1,127	3,701	\$ 251,160.22	\$ 67.86	.519	\$ 222.86	\$ 35.25
OUTPATIENT VISITS	462	848	41,709.46	49.19	.119	90.28	5.85
OFFICE VISITS	42	45	1,597.78	35.51	.006	38.04	.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	198	207	11,690.10	56.47	.029	59.04	1.64

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	235	584	27,971.80	47.90	.082	119.03	3.93
OTHER OUTPATIENT	10	12	449.78	37.48	.002	44.98	.06
INPATIENT VISITS	249	703	37,654.01	53.56	.099	151.22	5.28
HOSPITAL VISITS	235	612	24,461.36	39.97	.086	104.09	3.43
CRITICAL CARE	20	91	13,192.65	144.97	.013	659.63	1.85
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.01
EXAMINATIONS	1	1	46.44	46.44	.000	46.44	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	220	688	116,376.88	169.15	.097	528.99	16.33
PRINCIPAL SURGEON	165	182	96,160.75	528.36	.026	582.79	13.50
ASSISTANT SURGEON	39	40	7,496.14	187.40	.006	192.21	1.05
ANESTHESIOLOGIST	61	466	12,719.99	27.30	.065	208.52	1.79
OUTPATIENT SURGERY	59	147	11,592.21	78.86	.021	196.48	1.63
PRINCIPAL SURGEON	49	61	9,260.80	151.82	.009	189.00	1.30

ASSISTANT SURGEON	2	2		446.76	223.38	.000	223.38	.06
ANESTHESIOLOGIST	18	84		1,884.65	22.44	.012	104.70	.26
DIALYSIS	3	14		655.06	46.79	.002	218.35	.09
PATHOLOGY	115	320		2,788.44	8.71	.045	24.25	.39
RADIOLOGY	466	728		28,037.14	38.51	.102	60.17	3.94
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	19		485.58	25.56	.003	40.47	.07
OTHER SERVICES/ALL X-OVERS	165	233		11,815.00	50.71	.033	71.61	1.66
@PHARMACY	939	2,192	\$	265,787.88	\$ 121.25	.308	\$ 283.05	\$ 37.30
PRESCRIPTION DRUGS	899	1,941		65,166.25	33.57	.272	72.49	9.15
SNF/ICF	8	15		1,431.76	95.45	.002	178.97	.20
OUTPATIENTS	891	1,926		63,734.49	33.09	.270	71.53	8.95
MEDICAL SUPPLIES	77	251		200,621.63	799.29	.035	2605.48	28.16
@DENTIST	32	91	\$	2,001.00	\$ 21.99	.013	\$ 62.53	\$.28
VISITS - DIAGNOSTIC	25	57		459.00	8.05	.008	18.36	.06
ORAL SURGERY	18	23		495.00	21.52	.003	27.50	.07
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		55.00	55.00	.000	55.00	.01
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	6		192.00	32.00	.001	96.00	.03
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	1		800.00	800.00	.000	800.00	.11
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

7,125 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	47	\$ 3,428.96	\$ 72.96	.007	\$ 1142.99	\$.48
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	583	2,752	\$ 1,132,064.72	\$ 411.36	.386	\$ 1941.79	\$ 158.89
HOSP INPATIENT TOTAL	216	905	1,084,542.92	1198.39	.127	5021.03	152.22
HSC HOSPITALS	175	694	777,671.98	1120.56	.097	4443.84	109.15
NON-HSC HOSPITAL TOTAL	42	196	306,030.94	1561.38	.028	7286.45	42.95
ACCOMMODATIONS	42	196	88,616.41	452.12	.028	2109.91	12.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	42	196	88,616.41	452.12	.028	2109.91	12.44
ANCILLARIES	42	0	217,414.53	.00	.000	5176.54	30.51

INPATIENT CROSSOVERS	1	15	840.00	56.00	.002	840.00	.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	421	1,847	47,521.80	25.73	.259	112.88	6.67
MEDICAL	92	128	5,207.87	40.69	.018	56.61	.73
SURGERY	16	17	842.65	49.57	.002	52.67	.12
PATHOLOGY	209	876	8,889.35	10.15	.123	42.53	1.25
RADIOLOGY	164	218	16,424.70	75.34	.031	100.15	2.31
ROOM USE	168	215	8,528.47	39.67	.030	50.76	1.20
CROSSOVERS/ALL OTH OUTPTNT	157	393	7,628.76	19.41	.055	48.59	1.07
@COUNTY HOSPITAL TOTAL	12	172	\$ 16,968.48	\$ 98.65	.024	\$ 1414.04	\$ 2.38
CO HOSPITAL INPATIENT TOTAL	3	11	14,872.00	1352.00	.002	4957.33	2.09
HSC HOSPITALS	3	11	14,872.00	1352.00	.002	4957.33	2.09
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	161	2,096.48	13.02	.023	190.59	.29
MEDICAL	1	1	13.95	13.95	.000	13.95	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	81	598.32	7.39	.011	66.48	.08
RADIOLOGY	2	6	264.12	44.02	.001	132.06	.04
ROOM USE	1	1	25.00	25.00	.000	25.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	72	1,195.09	16.60	.010	239.02	.17
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MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F						

7,125 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	573	2,580	\$	1,115,096.24	\$ 432.21	.362	\$ 1946.07	\$ 156.50
COMM HOSP INPATIENT TOTAL	214	894		1,069,670.92	1196.50	.125	4998.46	150.13
HSC HOSPITALS	172	683		762,799.98	1116.84	.096	4434.88	107.06
NON-HSC HOSPITALS TOTAL	42	196		306,030.94	1561.38	.028	7286.45	42.95
ACCOMMODATIONS	42	196		88,616.41	452.12	.028	2109.91	12.44
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	42	196		88,616.41	452.12	.028	2109.91	12.44
ANCILLARIES	42	0		217,414.53	.00	.000	5176.54	30.51
INPATIENT CROSSOVERS	1	15		840.00	56.00	.002	840.00	.12
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	410	1,686		45,425.32	26.94	.237	110.79	6.38
MEDICAL	91	127		5,193.92	40.90	.018	57.08	.73
SURGERY	16	17		842.65	49.57	.002	52.67	.12
PATHOLOGY	200	795		8,291.03	10.43	.112	41.46	1.16
RADIOLOGY	162	212		16,160.58	76.23	.030	99.76	2.27
ROOM USE	167	214		8,503.47	39.74	.030	50.92	1.19
CROSSOVERS/ALL OTH OUTPTNT	152	321		6,433.67	20.04	.045	42.33	.90
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	9	244	\$	29,864.72	\$ 122.40	.034	\$ 3318.30	\$ 4.19
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

LEV B-REGULAR	9	244		29,864.72		122.40	.034	3318.30		4.19
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	13	873	\$	30,959.30	\$	35.46	.123	\$ 2381.48	\$	4.35
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	13	873		30,959.30		35.46	.123	2381.48		4.35
@REHABILITATION FACILITY	2	22	\$	452.21	\$	20.56	.003	\$ 226.11	\$	.06
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	2	22		452.21		20.56	.003	226.11		.06
@LABORATORY FACILITY	512	1,681	\$	27,691.48	\$	16.47	.236	\$ 54.08	\$	3.89
PATHOLOGY	512	1,680		27,674.18		16.47	.236	54.05		3.88
XO AND OTHERS	1	1		17.30		17.30	.000	17.30		.00
@ORGANIZED OUTPATIENT CLINIC	946	2,277	\$	202,659.52	\$	89.00	.320	\$ 214.23	\$	28.44
CLINIC	49	301		7,346.37		24.41	.042	149.93		1.03
SURGICENTER	3	3		96.47		32.16	.000	32.16		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	895	1,973		195,216.68		98.94	.277	218.12		27.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
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	7,125 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	181	1,192	\$	27,848.56	\$ 23.36	.167	\$ 153.86	\$ 3.91
DURABLE MED. EQUIP.	7	16		1,211.22	75.70	.002	173.03	.17
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	55	1,036		13,308.97	12.85	.145	241.98	1.87
AMBULANCES/AIR TRANS	55	1,034		9,708.97	9.39	.145	176.53	1.36
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		3,600.00	1800.00	.000	1800.00	.51
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	99	99		10,290.00	103.94	.014	103.94	1.44
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	19	37		2,157.37	58.31	.005	113.55	.30
PROSTHETICS	8	24		1,011.78	42.16	.003	126.47	.14
ORTHOTICS	13	13		1,145.59	88.12	.002	88.12	.16
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4		881.00	220.25	.001	440.50	.12
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	71	974	\$	475,850.34	\$ 488.55	.137	\$ 6702.12	\$ 66.79
@XOVER EXCLUDING STATE HOSP**	9	31	\$	2,848.77	\$ 91.90	.004	\$ 316.53	\$.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,613
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MERCED COUNTY

SUMMARY OF SERVICES FOR REFUGEES

AID CODES 01 02 08 0A

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	4	16	\$ 313.33	\$ 19.58	4.000	\$ 78.33	\$ 78.33
@PHYSICIANS SERVICES	1	1	\$ 88.81	\$ 88.81	.250	\$ 88.81	\$ 22.20
OUTPATIENT VISITS	1	1	88.81	88.81	.250	88.81	22.20
OFFICE VISITS	1	1	88.81	88.81	.250	88.81	22.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	2	2	\$ 14.13	\$ 7.07	.500	\$ 7.07	\$ 3.53
PRESCRIPTION DRUGS	2	2	14.13	7.07	.500	7.07	3.53
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2	2	14.13	7.07	.500	7.07	3.53
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	6	\$ 74.00	\$ 12.33	1.500	\$ 74.00	\$ 18.50
VISITS - DIAGNOSTIC	1	6	74.00	12.33	1.500	74.00	18.50
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MERCED COUNTY

MEDI-CAL SERVICES AND EXPENDITURES
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR REFUGEES

MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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04 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

----- MONTHLY AVERAGE -----
UNITS/DAYS COST PER
PER ELIG USER

COST PER
ELIGIBLE

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,615
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	.00	.000	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000		.00
ICF DD	0	0		.00		.00	.000		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00
@LABORATORY FACILITY	1	4	\$	27.42	\$	6.86	1.000	\$	27.42
PATHOLOGY	1	4		27.42		6.86	1.000		27.42
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	92.33	\$	92.33	.250	\$	92.33
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	1	1		92.33		92.33	.250		92.33
#CALIF DEPT OF HEALTH SERV									23.08
MOP024									
MERCED COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR REFUGEES

PAGE 7,616
 01/29/04

04 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
					AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$	16.64	\$ 8.32	.500	\$ 16.64	\$ 4.16
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		16.64	8.32	.500	16.64	4.16
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,617
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL	AID CODES 0M 0N 0P

220 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	244	5,023	\$ 332,212.66	\$ 66.14	22.832	\$ 1361.53	\$ 1510.06
@PHYSICIANS SERVICES	132	3,522	\$ 181,370.82	\$ 51.50	16.009	\$ 1374.02	\$ 824.41
OUTPATIENT VISITS	78	168	4,291.26	25.54	.764	55.02	19.51
OFFICE VISITS	63	146	3,567.56	24.44	.664	56.63	16.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	6	342.38	57.06	.027	68.48	1.56
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	16	381.32	23.83	.073	25.42	1.73
INPATIENT VISITS	10	124	5,265.21	42.46	.564	526.52	23.93
HOSPITAL VISITS	10	120	4,841.51	40.35	.545	484.15	22.01
CRITICAL CARE	2	4	423.70	105.93	.018	211.85	1.93
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	34	1,099.61	32.34	.155	137.45	5.00
PRINCIPAL SURGEON	4	5	565.15	113.03	.023	141.29	2.57
ASSISTANT SURGEON	2	2	113.74	56.87	.009	56.87	.52
ANESTHESIOLOGIST	2	27	420.72	15.58	.123	210.36	1.91
OUTPATIENT SURGERY	38	109	5,909.73	54.22	.495	155.52	26.86
PRINCIPAL SURGEON	36	68	5,038.42	74.09	.309	139.96	22.90
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	41	871.31	21.25	.186	124.47	3.96
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	49	171	2,648.71	15.49	.777	54.06	12.04
RADIOLOGY	68	239	17,914.71	74.96	1.086	263.45	81.43
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	37	2,369	136,559.11	57.64	10.768	3690.79	620.72
OTHER SERVICES/ALL X-OVERS	44	308	7,682.48	24.94	1.400	174.60	34.92
@PHARMACY	111	268	\$ 14,450.22	\$ 53.92	1.218	\$ 130.18	\$ 65.68
PRESCRIPTION DRUGS	111	268	14,450.22	53.92	1.218	130.18	65.68
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	111	268	14,450.22	53.92	1.218	130.18	65.68
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	12	56	\$ 2,555.00	\$ 45.63	.255	\$ 212.92	\$ 11.61
VISITS - DIAGNOSTIC	10	44	410.00	9.32	.200	41.00	1.86
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	3	310.00	103.33	.014	103.33	1.41
ENDODONTICS	1	1	260.00	260.00	.005	260.00	1.18
RESTORATIVE DENTISTRY	5	8	1,575.00	196.88	.036	315.00	7.16
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,618
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

220 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	5	\$ 124.60	\$ 24.92	.023	\$ 62.30	\$.57
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.005	47.45	.22
EYE APPLIANCES	1	3	42.85	14.28	.014	42.85	.19
OTHER OPTOMETRIC SERVICES	1	1	34.30	34.30	.005	34.30	.16
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	42	\$ 2,975.20	\$ 70.84	.191	\$ 743.80	\$ 13.52
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	87	746	\$ 116,457.88	\$ 156.11	3.391	\$ 1338.60	\$ 529.35
HOSP INPATIENT TOTAL	11	73	82,794.00	1134.16	.332	7526.73	376.34
HSC HOSPITALS	11	73	82,794.00	1134.16	.332	7526.73	376.34
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	82	673	33,663.88	50.02	3.059	410.54	153.02
MEDICAL	24	35	1,431.03	40.89	.159	59.63	6.50
SURGERY	8	8	700.23	87.53	.036	87.53	3.18
PATHOLOGY	21	92	729.95	7.93	.418	34.76	3.32
RADIOLOGY	46	427	28,035.54	65.66	1.941	609.47	127.43
ROOM USE	28	40	1,855.28	46.38	.182	66.26	8.43
CROSSOVERS/ALL OTH OUTPTNT	15	71	911.85	12.84	.323	60.79	4.14
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,619
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
220 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	87	746 \$	116,457.88	\$ 156.11	3.391	\$ 1338.60	\$ 529.35
COMM HOSP INPATIENT TOTAL	11	73	82,794.00	1134.16	.332	7526.73	376.34
HSC HOSPITALS	11	73	82,794.00	1134.16	.332	7526.73	376.34
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	82	673		33,663.88	50.02	3.059	410.54	153.02
MEDICAL	24	35		1,431.03	40.89	.159	59.63	6.50
SURGERY	8	8		700.23	87.53	.036	87.53	3.18
PATHOLOGY	21	92		729.95	7.93	.418	34.76	3.32
RADIOLOGY	46	427		28,035.54	65.66	1.941	609.47	127.43
ROOM USE	28	40		1,855.28	46.38	.182	66.26	8.43
CROSSOVERS/ALL OTH OUTPTNT	15	71		911.85	12.84	.323	60.79	4.14
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	69	218	\$	3,126.91	\$ 14.34	.991	\$ 45.32	\$ 14.21
PATHOLOGY	69	218		3,126.91	14.34	.991	45.32	14.21
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	51	87	\$	6,975.12	\$ 80.17	.395	\$ 136.77	\$ 31.71
CLINIC	2	11		45.31	4.12	.050	22.66	.21
SURGICENTER	8	8		366.78	45.85	.036	45.85	1.67
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	44	68		6,563.03	96.52	.309	149.16	29.83

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,620
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

220 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	14	79	\$ 4,176.91	\$ 52.87	.359	\$ 298.35	\$ 18.99
DURABLE MED. EQUIP.	3	13	546.27	42.02	.059	182.09	2.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	30	617.08	20.57	.136	102.85	2.80
AMBULANCES/AIR TRANS	6	30	617.08	20.57	.136	102.85	2.80
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	11	147.99	13.45	.050	37.00	.67
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	249.99	83.33	.014	249.99	1.14
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	1	3	249.99	83.33	.014	249.99	1.14
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	22	2,615.58	118.89	.100	1307.79	11.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,621
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV

58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	43	337	\$ 5,392.58	\$ 16.00	5.810	\$ 125.41	\$ 92.98
@PHYSICIANS SERVICES	16	50	\$ 562.08	\$ 11.24	.862	\$ 35.13	\$ 9.69
OUTPATIENT VISITS	8	10	233.48	23.35	.172	29.19	4.03
OFFICE VISITS	8	9	219.00	24.33	.155	27.38	3.78
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	14.48	14.48	.017	14.48	.25
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	11.73	5.87	.034	11.73	.20
RADIOLOGY	6	27	143.41	5.31	.466	23.90	2.47
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	10	168.96	16.90	.172	168.96	2.91
OTHER SERVICES/ALL X-OVERS	1	1	4.50	4.50	.017	4.50	.08
@PHARMACY	15	242	\$ 2,758.91	\$ 11.40	4.172	\$ 183.93	\$ 47.57
PRESCRIPTION DRUGS	15	42	2,688.67	64.02	.724	179.24	46.36
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	15	42	2,688.67	64.02	.724	179.24	46.36
MEDICAL SUPPLIES	2	200	70.24	.35	3.448	35.12	1.21
@DENTIST	0	0	.00	.00	.000	.00	.00

58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,622 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V							
----- MONTHLY AVERAGE -----							
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	16	\$ 334.54	\$ 20.91	.276	\$ 41.82	\$ 5.77
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8	16	334.54	20.91	.276	41.82	5.77
MEDICAL	3	3	65.10	21.70	.052	21.70	1.12
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	33.32	11.11	.052	16.66	.57
RADIOLOGY	2	2	46.78	23.39	.034	23.39	.81
ROOM USE	1	1	31.93	31.93	.017	31.93	.55
CROSSOVERS/ALL OTH OUTPTNT	2	7	157.41	22.49	.121	78.71	2.71
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,623
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	16	\$ 334.54	\$ 20.91	.276	\$ 41.82	\$ 5.77
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	16	334.54	20.91	.276	41.82	5.77
MEDICAL	3	3	65.10	21.70	.052	21.70	1.12
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	33.32	11.11	.052	16.66	.57
RADIOLOGY	2	2	46.78	23.39	.034	23.39	.81
ROOM USE	1	1	31.93	31.93	.017	31.93	.55
CROSSOVERS/ALL OTH OUTPTNT	2	7	157.41	22.49	.121	78.71	2.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	7	\$ 85.35	\$ 12.19	.121	\$ 14.23	\$ 1.47
PATHOLOGY	6	7	85.35	12.19	.121	14.23	1.47
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	13	19	\$	1,340.02	\$	70.53	.328	\$	103.08	\$	23.10
CLINIC	2	7		317.59		45.37	.121		158.80		5.48
SURGICENTER	2	2		95.02		47.51	.034		47.51		1.64
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	10		927.41		92.74	.172		103.05		15.99

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,624
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	3	\$ 311.68	\$ 103.89	.052	\$ 311.68	\$ 5.37
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	311.68	103.89	.052	311.68	5.37
PROSTHETICS	1	3	311.68	103.89	.052	311.68	5.37
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	4	\$ 107.00	\$ 26.75	.069	\$ 107.00	\$ 1.84

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 7,625

MOP024

FEE-FOR-SERVICE/DENTAL

01/29/04

MERCED COUNTY

SUMMARY OF SERVICES FOR BCCTP-TOTAL

278 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	287	5,360	\$ 337,605.24	\$ 62.99	19.281	\$ 1176.32	\$ 1214.41
@PHYSICIANS SERVICES	148	3,572	\$ 181,932.90	\$ 50.93	12.849	\$ 1229.28	\$ 654.43
OUTPATIENT VISITS	86	178	4,524.74	25.42	.640	52.61	16.28
OFFICE VISITS	71	155	3,786.56	24.43	.558	53.33	13.62
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	6	342.38	57.06	.022	68.48	1.23
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	16	17	395.80	23.28	.061	24.74	1.42
INPATIENT VISITS	10	124	5,265.21	42.46	.446	526.52	18.94
HOSPITAL VISITS	10	120	4,841.51	40.35	.432	484.15	17.42
CRITICAL CARE	2	4	423.70	105.93	.014	211.85	1.52
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	34	1,099.61	32.34	.122	137.45	3.96
PRINCIPAL SURGEON	4	5	565.15	113.03	.018	141.29	2.03
ASSISTANT SURGEON	2	2	113.74	56.87	.007	56.87	.41
ANESTHESIOLOGIST	2	27	420.72	15.58	.097	210.36	1.51
OUTPATIENT SURGERY	38	109	5,909.73	54.22	.392	155.52	21.26
PRINCIPAL SURGEON	36	68	5,038.42	74.09	.245	139.96	18.12
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	41	871.31	21.25	.147	124.47	3.13
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	50	173	2,660.44	15.38	.622	53.21	9.57

RADIOLOGY	74	266		18,058.12		67.89	.957	244.03	64.96
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	38	2,379		136,728.07		57.47	8.558	3598.11	491.83
OTHER SERVICES/ALL X-OVERS	45	309		7,686.98		24.88	1.112	170.82	27.65
@PHARMACY	126	510	\$	17,209.13	\$	33.74	1.835	136.58	61.90
PRESCRIPTION DRUGS	126	310		17,138.89		55.29	1.115	136.02	61.65
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	126	310		17,138.89		55.29	1.115	136.02	61.65
MEDICAL SUPPLIES	2	200		70.24		.35	.719	35.12	.25
@DENTIST	12	56	\$	2,555.00	\$	45.63	.201	212.92	9.19
VISITS - DIAGNOSTIC	10	44		410.00		9.32	.158	41.00	1.47
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	3	3		310.00		103.33	.011	103.33	1.12
ENDODONTICS	1	1		260.00		260.00	.004	260.00	.94
RESTORATIVE DENTISTRY	5	8		1,575.00		196.88	.029	315.00	5.67
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
MERCED COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR BCCTP-TOTAL

PAGE 7,626
01/29/04

278 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	5	\$ 124.60	\$ 24.92	.018	\$ 62.30	\$.45
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.004	47.45	.17
EYE APPLIANCES	1	3	42.85	14.28	.011	42.85	.15
OTHER OPTOMETRIC SERVICES	1	1	34.30	34.30	.004	34.30	.12
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	42	\$ 2,975.20	\$ 70.84	.151	\$ 743.80	\$ 10.70
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	95	762	\$ 116,792.42	\$ 153.27	2.741	\$ 1229.39	\$ 420.12
HOSP INPATIENT TOTAL	11	73	82,794.00	1134.16	.263	7526.73	297.82
HSC HOSPITALS	11	73	82,794.00	1134.16	.263	7526.73	297.82
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	90	689	33,998.42	49.34	2.478	377.76	122.30
MEDICAL	27	38	1,496.13	39.37	.137	55.41	5.38

SURGERY	8	8	700.23	87.53	.029	87.53	2.52
PATHOLOGY	23	95	763.27	8.03	.342	33.19	2.75
RADIOLOGY	48	429	28,082.32	65.46	1.543	585.05	101.02
ROOM USE	29	41	1,887.21	46.03	.147	65.08	6.79
CROSSOVERS/ALL OTH OUTPTNT	17	78	1,069.26	13.71	.281	62.90	3.85
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,627
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

278 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	95	762	\$ 116,792.42	\$ 153.27	2.741	\$ 1229.39	\$ 420.12
COMM HOSP INPATIENT TOTAL	11	73	82,794.00	1134.16	.263	7526.73	297.82
HSC HOSPITALS	11	73	82,794.00	1134.16	.263	7526.73	297.82
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	90	689	33,998.42	49.34	2.478	377.76	122.30
MEDICAL	27	38	1,496.13	39.37	.137	55.41	5.38
SURGERY	8	8	700.23	87.53	.029	87.53	2.52
PATHOLOGY	23	95	763.27	8.03	.342	33.19	2.75
RADIOLOGY	48	429	28,082.32	65.46	1.543	585.05	101.02
ROOM USE	29	41	1,887.21	46.03	.147	65.08	6.79
CROSSOVERS/ALL OTH OUTPTNT	17	78	1,069.26	13.71	.281	62.90	3.85
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	75	225	\$	3,212.26	\$	14.28	.809	\$ 42.83	\$ 11.55
PATHOLOGY	75	225		3,212.26		14.28	.809	42.83	11.55
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	64	106	\$	8,315.14	\$	78.44	.381	\$ 129.92	\$ 29.91
CLINIC	4	18		362.90		20.16	.065	90.73	1.31
SURGICENTER	10	10		461.80		46.18	.036	46.18	1.66
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	53	78		7,490.44		96.03	.281	141.33	26.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 7,628
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL								

278 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15	82	\$ 4,488.59	\$ 54.74	.295	\$ 299.24	\$ 16.15
DURABLE MED. EQUIP.	3	13	546.27	42.02	.047	182.09	1.97
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	30	617.08	20.57	.108	102.85	2.22
AMBULANCES/AIR TRANS	6	30	617.08	20.57	.108	102.85	2.22
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	11	147.99	13.45	.040	37.00	.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	6	561.67	93.61	.022	280.84	2.02
PROSTHETICS	1	3	311.68	103.89	.011	311.68	1.12
ORTHOTICS	1	3	249.99	83.33	.011	249.99	.90
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	22	2,615.58	118.89	.079	1307.79	9.41
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	4	\$ 107.00	\$ 26.75	.014	\$ 107.00	\$.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 7,629
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY								

AID CODE 80

335 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@TOTAL, ALL PROVIDERS	42	148	\$	5,165.72	\$	34.90	.442	\$	122.99	\$	15.42
@PHYSICIANS SERVICES	25	82	\$	2,125.62	\$	25.92	.245	\$	85.02	\$	6.35
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.000	.00	.00
DIALYSIS	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	0	0		.00		.000	.00	.00
PSYCHIATRY	0	0		.00		.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.000	.00	.00
OTHER SERVICES/ALL X-OVERS	25	82		2,125.62	25.92	.245	85.02	6.35
@PHARMACY	4	15	\$	99.50	\$ 6.63	.045	\$ 24.88	\$.30
PRESCRIPTION DRUGS	0	0		.00		.000	.00	.00
SNF/ICF	0	0		.00		.000	.00	.00
OUTPATIENTS	0	0		.00		.000	.00	.00
MEDICAL SUPPLIES	4	15		99.50	6.63	.045	24.88	.30
@DENTIST	1	2	\$	.00	\$.00	.006	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.000	.00	.00
ORAL SURGERY	1	2		.00		.006	.00	.00
DRUGS	0	0		.00		.000	.00	.00
ANESTHESIA	0	0		.00		.000	.00	.00
PERIODONTICS	0	0		.00		.000	.00	.00
ENDODONTICS	0	0		.00		.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.000	.00	.00
PROSTHETICS	0	0		.00		.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
MERCED COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY							
				AID CODE 80		----- MONTHLY AVERAGE -----		
335 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1	2 \$	9.08	\$ 4.54	.006	\$ 9.08	\$.03	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	1	2	9.08	4.54	.006	9.08	.03	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	5	5 \$	39.83	\$ 7.97	.015	\$ 7.97	\$.12	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	5	5	39.83	7.97	.015	7.97	.12	
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	8	33 \$	2,807.74	\$ 85.08	.099	\$ 350.97	\$ 8.38	
HOSP INPATIENT TOTAL	4	19	2,686.23	141.38	.057	671.56	8.02	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	19	2,686.23	141.38	.057	671.56	8.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	14	121.51	8.68	.042	30.38	.36
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	14	121.51	8.68	.042	30.38	.36
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
MERCED COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY						
				AID CODE 80			
				----- MONTHLY AVERAGE -----			
335 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	33	\$ 2,807.74	\$ 85.08	.099	\$ 350.97	\$ 8.38
COMM HOSP INPATIENT TOTAL	4	19	2,686.23	141.38	.057	671.56	8.02
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	19	2,686.23	141.38	.057	671.56	8.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	14	121.51	8.68	.042	30.38	.36
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	14	121.51	8.68	.042	30.38	.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	1CR	\$	48.23CR	\$	48.23	.003CR\$		.00	\$	.14CR
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	1CR		48.23CR		48.23	.003CR		.00		.14CR
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 7,632
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY										
	AID CODE 80										

335 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	10	\$ 132.18	\$ 13.22	.030	\$ 26.44	\$.39
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	40.60	.00	.000	.00	.12
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	10	91.58	9.16	.030	18.32	.27
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 41 127 \$ 5,125.12 \$ 40.36 .379 \$ 125.00 \$ 15.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,633
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 MERCED COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

11,285 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	4,261	15,484	\$ 612,822.09	\$ 39.58	1.372	\$ 143.82	\$ 54.30
@PHYSICIANS SERVICES	1,556	2,742	\$ 88,733.21	\$ 32.36	.243	\$ 57.03	\$ 7.86
OUTPATIENT VISITS	1,327	1,639	54,701.26	33.37	.145	41.22	4.85
OFFICE VISITS	1,051	1,285	38,912.63	30.28	.114	37.02	3.45
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	273	287	13,332.07	46.45	.025	48.84	1.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	63	67	2,456.56	36.67	.006	38.99	.22
INPATIENT VISITS	20	53	3,007.44	56.74	.005	150.37	.27
HOSPITAL VISITS	20	53	3,007.44	56.74	.005	150.37	.27
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	20	23	979.27	42.58	.002	48.96	.09
EXAMINATIONS	20	23	979.27	42.58	.002	48.96	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	22	1,068.86	48.58	.002	213.77	.09
PRINCIPAL SURGEON	1	2	332.61	166.31	.000	332.61	.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	20	736.25	36.81	.002	184.06	.07
OUTPATIENT SURGERY	84	356	13,779.24	38.71	.032	164.04	1.22
PRINCIPAL SURGEON	44	51	6,691.02	131.20	.005	152.07	.59
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	43	305	7,088.22	23.24	.027	164.84	.63
DIALYSIS	7	16	5,482.57	342.66	.001	783.22	.49
PATHOLOGY	181	234	1,537.10	6.57	.021	8.49	.14
RADIOLOGY	136	165	2,526.73	15.31	.015	18.58	.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	14	222.08	15.86	.001	22.21	.02
OTHER SERVICES/ALL X-OVERS	154	220	5,428.66	24.68	.019	35.25	.48
@PHARMACY	2,246	5,411	\$ 121,057.68	\$ 22.37	.479	\$ 53.90	\$ 10.73
PRESCRIPTION DRUGS	2,232	5,300	115,813.25	21.85	.470	51.89	10.26
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2,232	5,300	115,813.25	21.85	.470	51.89	10.26
MEDICAL SUPPLIES	56	111	5,244.43	47.25	.010	93.65	.46
@DENTIST	324	2,377	\$ 76,194.50	\$ 32.05	.211	\$ 235.17	\$ 6.75
VISITS - DIAGNOSTIC	276	1,392	20,095.25	14.44	.123	72.81	1.78
ORAL SURGERY	42	70	3,151.00	45.01	.006	75.02	.28
DRUGS	22	26	600.00	23.08	.002	27.27	.05
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	64	197	12,946.50	65.72	.017	202.29	1.15
RESTORATIVE DENTISTRY	148	632	33,948.20	53.72	.056	229.38	3.01
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	10	15	1,746.00	116.40	.001	174.60	.15
MAXILLOFACIAL SERVICES	33	33	3,572.55	108.26	.003	108.26	.32
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	5	10	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MERCED COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 133% PROGRAM

PAGE 7,634
01/29/04

	11,285 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	25	55	\$	1,552.08	\$ 28.22	.005	\$ 62.08	\$.14
DIAGNOSTIC AND ANC. PROCED	16	16		735.48	45.97	.001	45.97	.07
EYE APPLIANCES	12	34		481.50	14.16	.003	40.13	.04
OTHER OPTOMETRIC SERVICES	5	5		335.10	67.02	.000	67.02	.03
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	6	\$	404.43	\$ 67.41	.001	\$ 134.81	\$.04
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$	38.94	\$ 19.47	.000	\$ 19.47	\$.00
@TOTAL HOSPITAL	515	1,500	\$	110,778.92	\$ 73.85	.133	\$ 215.10	\$ 9.82
HOSP INPATIENT TOTAL	18	46		72,773.09	1582.02	.004	4042.95	6.45
HSC HOSPITALS	11	33		55,596.00	1684.73	.003	5054.18	4.93
NON-HSC HOSPITAL TOTAL	7	13		17,177.09	1321.31	.001	2453.87	1.52
ACCOMMODATIONS	7	13		6,402.55	492.50	.001	914.65	.57
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	13		6,402.55	492.50	.001	914.65	.57
ANCILLARIES	7	0		10,774.54	.00	.000	1539.22	.95
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	506	1,454		38,005.83	26.14	.129	75.11	3.37
MEDICAL	125	155		7,533.89	48.61	.014	60.27	.67
SURGERY	38	43		1,596.72	37.13	.004	42.02	.14
PATHOLOGY	128	443		4,428.95	10.00	.039	34.60	.39
RADIOLOGY	94	111		4,095.06	36.89	.010	43.56	.36
ROOM USE	371	424		16,565.69	39.07	.038	44.65	1.47
CROSSOVERS/ALL OTH OUTPTNT	195	278		3,785.52	13.62	.025	19.41	.34
@COUNTY HOSPITAL TOTAL	1	2	\$	65.74	\$ 32.87	.000	\$ 65.74	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2		65.74	32.87	.000	65.74	.01
MEDICAL	1	1		30.80	30.80	.000	30.80	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		34.94	34.94	.000	34.94	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,635
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

	11,285 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	514	1,498	\$	110,713.18	\$ 73.91	.133	\$ 215.40	\$ 9.81
COMM HOSP INPATIENT TOTAL	18	46		72,773.09	1582.02	.004	4042.95	6.45
HSC HOSPITALS	11	33		55,596.00	1684.73	.003	5054.18	4.93
NON-HSC HOSPITALS TOTAL	7	13		17,177.09	1321.31	.001	2453.87	1.52
ACCOMMODATIONS	7	13		6,402.55	492.50	.001	914.65	.57
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	13		6,402.55	492.50	.001	914.65	.57
ANCILLARIES	7	0		10,774.54	.00	.000	1539.22	.95
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	505	1,452		37,940.09		26.13	.129	75.13	3.36
MEDICAL	124	154		7,503.09		48.72	.014	60.51	.66
SURGERY	38	43		1,596.72		37.13	.004	42.02	.14
PATHOLOGY	128	443		4,428.95		10.00	.039	34.60	.39
RADIOLOGY	94	111		4,095.06		36.89	.010	43.56	.36
ROOM USE	370	423		16,530.75		39.08	.037	44.68	1.46
CROSSOVERS/ALL OTH OUTPTNT	195	278		3,785.52		13.62	.025	19.41	.34
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	135	\$	18,615.00	\$	137.89	.012	9307.50	1.65
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	2	135		18,615.00		137.89	.012	9307.50	1.65
@REHABILITATION FACILITY	12	47	\$	1,342.82	\$	28.57	.004	111.90	.12
HOSPITAL BASED	12	47		1,342.82		28.57	.004	111.90	.12
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	156	355	\$	3,440.04	\$	9.69	.031	22.05	.30
PATHOLOGY	156	355		3,440.04		9.69	.031	22.05	.30
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,229	1,886	\$	176,001.42	\$	93.32	.167	143.21	15.60
CLINIC	53	71		1,027.81		14.48	.006	19.39	.09
SURGICENTER	65	370		15,022.86		40.60	.033	231.12	1.33
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1,129	1,445		159,950.75		110.69	.128	141.67	14.17
#CALIF DEPT OF HEALTH SERV									
MOP024									
MERCED COUNTY									

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SUMMARY OF SERVICES FOR 133% PROGRAM				AID CODES 72 74 8N 8P				----- MONTHLY AVERAGE -----		
11,285 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@ALL OTHER PROVIDERS	183	968	\$ 14,663.05	\$ 15.15	.086	\$ 80.13	\$ 1.30			
DURABLE MED. EQUIP.	7	15	620.10	41.34	.001	88.59	.05			
BLOOD BANK	0	0	.00	.00	.000	.00	.00			
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00			
MEDICAL TRANSPORTATION	19	303	4,517.64	14.91	.027	237.77	.40			
AMBULANCES/AIR TRANS	19	301	2,717.64	9.03	.027	143.03	.24			
OTHER TRANS	0	0	.00	.00	.000	.00	.00			
OTHER SERVICES	2	2	1,800.00	900.00	.000	900.00	.16			
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00			
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00			
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00			
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00			
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00			
OPTICIAN	29	79	836.84	10.59	.007	28.86	.07			
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00			
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00			
PROSTHETIST/ORTHOTISTS	2	15	2,796.37	186.42	.001	1398.19	.25			
PROSTHETICS	2	15	2,796.37	186.42	.001	1398.19	.25			
ORTHOTICS	0	0	.00	.00	.000	.00	.00			

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	7	375.72	53.67	.001	187.86	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	125	548	5,514.75	10.06	.049	44.12	.49
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	1.63	1.63	.000	1.63	.00
@CALIF. CHILDREN SERVICES*	52	430	\$ 75,670.34	\$ 175.98	.038	\$ 1455.20	\$ 6.71
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,637
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

13,458 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,255	17,756	\$ 915,639.43	\$ 51.57	1.319	\$ 215.19	\$ 68.04
@PHYSICIANS SERVICES	1,072	2,337	\$ 115,048.01	\$ 49.23	.174	\$ 107.32	\$ 8.55
OUTPATIENT VISITS	723	895	35,648.40	39.83	.067	49.31	2.65
OFFICE VISITS	481	573	18,513.07	32.31	.043	38.49	1.38
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	165	180	8,664.69	48.14	.013	52.51	.64
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	62	101	7,120.63	70.50	.008	114.85	.53
OTHER OUTPATIENT	37	41	1,350.01	32.93	.003	36.49	.10
INPATIENT VISITS	68	197	17,082.57	86.71	.015	251.21	1.27
HOSPITAL VISITS	64	126	5,700.49	45.24	.009	89.07	.42
CRITICAL CARE	7	71	11,382.08	160.31	.005	1626.01	.85
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	19	21	894.64	42.60	.002	47.09	.07
EXAMINATIONS	19	21	894.64	42.60	.002	47.09	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	69	263	35,453.05	134.80	.020	513.81	2.63
PRINCIPAL SURGEON	54	59	29,742.52	504.11	.004	550.79	2.21
ASSISTANT SURGEON	9	9	1,393.39	154.82	.001	154.82	.10
ANESTHESIOLOGIST	21	195	4,317.14	22.14	.014	205.58	.32
OUTPATIENT SURGERY	54	133	7,284.08	54.77	.010	134.89	.54
PRINCIPAL SURGEON	44	54	5,353.58	99.14	.004	121.67	.40
ASSISTANT SURGEON	1	1	84.51	84.51	.000	84.51	.01
ANESTHESIOLOGIST	13	78	1,845.99	23.67	.006	142.00	.14
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	104	187	1,773.92	9.49	.014	17.06	.13
RADIOLOGY	259	368	8,443.12	22.94	.027	32.60	.63
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	18	36	575.45	15.98	.003	31.97	.04
OTHER SERVICES/ALL X-OVERS	148	237	7,892.78	33.30	.018	53.33	.59
@PHARMACY	1,439	3,318	\$ 109,968.28	\$ 33.14	.247	\$ 76.42	\$ 8.17
PRESCRIPTION DRUGS	1,418	2,828	107,736.11	38.10	.210	75.98	8.01
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,418	2,828	107,736.11	38.10	.210	75.98	8.01
MEDICAL SUPPLIES	39	490	2,232.17	4.56	.036	57.24	.17
@DENTIST	667	3,482	\$ 103,208.05	\$ 29.64	.259	\$ 154.73	\$ 7.67
VISITS - DIAGNOSTIC	444	2,396	32,806.18	13.69	.178	73.89	2.44
ORAL SURGERY	90	186	10,891.00	58.55	.014	121.01	.81
DRUGS	15	25	435.00	17.40	.002	29.00	.03
ANESTHESIA	7	7	700.00	100.00	.001	100.00	.05

PERIODONTICS	5	5	420.00	84.00	.000	84.00	.03
ENDODONTICS	42	69	11,629.30	168.54	.005	276.89	.86
RESTORATIVE DENTISTRY	224	632	34,507.40	54.60	.047	154.05	2.56
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	12	13	1,511.00	116.23	.001	125.92	.11
MAXILLOFACIAL SERVICES	6	9	513.17	57.02	.001	85.53	.04
FRACTURES, DISLOCATIONS	1	2	1,600.00	800.00	.000	1600.00	.12
ORTHODONTIC SERVICES	95	111	7,820.00	70.45	.008	82.32	.58
ALL OTHER SERVICES	18	27	375.00	13.89	.002	20.83	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,638
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						
				AID CODES 7A 7C 8R 8T			
				----- MONTHLY AVERAGE -----			
13,458 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	128	371	\$ 8,999.04	\$ 24.26	.028	\$ 70.31	\$.67
DIAGNOSTIC AND ANC. PROCED	91	91	4,193.65	46.08	.007	46.08	.31
EYE APPLIANCES	93	263	3,718.69	14.14	.020	39.99	.28
OTHER OPTOMETRIC SERVICES	17	17	1,086.70	63.92	.001	63.92	.08
@CHIROPRACTOR	9	12	\$ 200.64	\$ 16.72	.001	\$ 22.29	\$.01
VISITS	9	12	200.64	16.72	.001	22.29	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 51.00	\$ 51.00	.000	\$ 51.00	\$.00
MEDICINE/INJECTIONS	1	1	51.00	51.00	.000	51.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	437	1,456	\$ 356,560.22	\$ 244.89	.108	\$ 815.93	\$ 26.49
HOSP INPATIENT TOTAL	69	270	326,007.45	1207.44	.020	4724.75	24.22
HSC HOSPITALS	62	240	300,604.99	1252.52	.018	4848.47	22.34
NON-HSC HOSPITAL TOTAL	8	30	25,402.46	846.75	.002	3175.31	1.89
ACCOMMODATIONS	8	30	10,454.79	348.49	.002	1306.85	.78
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	27	9,760.89	361.51	.002	1394.41	.73
ANCILLARIES	8	0	14,947.67	.00	.000	1868.46	1.11
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	383	1,186	30,552.77	25.76	.088	79.77	2.27
MEDICAL	81	111	4,314.15	38.87	.008	53.26	.32
SURGERY	28	30	1,018.25	33.94	.002	36.37	.08
PATHOLOGY	116	358	3,846.60	10.74	.027	33.16	.29
RADIOLOGY	115	146	5,919.33	40.54	.011	51.47	.44
ROOM USE	241	284	10,899.31	38.38	.021	45.23	.81
CROSSOVERS/ALL OTH OUTPTNT	137	257	4,555.13	17.72	.019	33.25	.34
@COUNTY HOSPITAL TOTAL	1	2	\$ 25.06	\$ 12.53	.000	\$ 25.06	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	25.06	12.53	.000	25.06	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	25.06	12.53	.000	25.06	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,639
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 MERCED COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
13,458 ELIGIBLES					----- MONTHLY AVERAGE -----		
@COMMUNITY HOSPITAL TOTAL	436	1,454 \$	356,535.16	\$ 245.21	.108	\$ 817.74	\$ 26.49

COMM HOSP INPATIENT TOTAL	69	270		326,007.45	1207.44	.020	4724.75	24.22
HSC HOSPITALS	62	240		300,604.99	1252.52	.018	4848.47	22.34
NON-HSC HOSPITALS TOTAL	8	30		25,402.46	846.75	.002	3175.31	1.89
ACCOMMODATIONS	8	30		10,454.79	348.49	.002	1306.85	.78
ADMINISTRATIVE DAYS	1	3		693.90	231.30	.000	693.90	.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	27		9,760.89	361.51	.002	1394.41	.73
ANCILLARIES	8	0		14,947.67	.00	.000	1868.46	1.11
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	382	1,184		30,527.71	25.78	.088	79.92	2.27
MEDICAL	81	111		4,314.15	38.87	.008	53.26	.32
SURGERY	28	30		1,018.25	33.94	.002	36.37	.08
PATHOLOGY	116	358		3,846.60	10.74	.027	33.16	.29
RADIOLOGY	114	144		5,894.27	40.93	.011	51.70	.44
ROOM USE	241	284		10,899.31	38.38	.021	45.23	.81
CROSSOVERS/ALL OTH OUTPTNT	137	257		4,555.13	17.72	.019	33.25	.34
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	363	\$	12,072.87	\$ 33.26	.027	\$ 2012.15	\$.90
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	363		12,072.87	33.26	.027	2012.15	.90
@REHABILITATION FACILITY	6	37	\$	1,013.67	\$ 27.40	.003	\$ 168.95	\$.08
HOSPITAL BASED	3	7		387.63	55.38	.001	129.21	.03
INDEPENDENT FACILITY	3	30		626.04	20.87	.002	208.68	.05
@LABORATORY FACILITY	251	738	\$	10,798.88	\$ 14.63	.055	\$ 43.02	\$.80
PATHOLOGY	251	738		10,798.88	14.63	.055	43.02	.80
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,040	1,828	\$	150,740.00	\$ 82.46	.136	\$ 144.94	\$ 11.20
CLINIC	98	431		9,461.43	21.95	.032	96.55	.70
SURGICENTER	10	36		1,296.14	36.00	.003	129.61	.10
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	945	1,361		139,982.43	102.85	.101	148.13	10.40

#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 100% PROGRAM

AID CODES 7A 7C 8R 8T

PAGE 7,640 01/29/04

						----- MONTHLY AVERAGE -----			
13,458 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	876	3,813	\$	46,978.77	\$ 12.32	.283	\$ 53.63	\$ 3.49	
DURABLE MED. EQUIP.	5	51		530.70	10.41	.004	106.14	.04	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	38	647		14,414.77	22.28	.048	379.34	1.07	
AMBULANCES/AIR TRANS	38	643		8,264.77	12.85	.048	217.49	.61	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	3	4		6,150.00	1537.50	.000	2050.00	.46	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	25	25	2,625.00	105.00	.002	105.00	.20
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	145	330	2,998.89	9.09	.025	20.68	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	25	2,413.70	96.55	.002	268.19	.18
PROSTHETICS	6	22	2,201.93	100.09	.002	366.99	.16
ORTHOTICS	3	3	211.77	70.59	.000	70.59	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	19	793.85	41.78	.001	132.31	.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	658	2,156	21,233.33	9.85	.160	32.27	1.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	560	1,968.53	3.52	.042	656.18	.15
@CALIF. CHILDREN SERVICES*	95	1,146	\$ 180,114.91	\$ 157.17	.085	\$ 1895.95	\$ 13.38
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,641
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE	
					UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	1,598	4,280	\$ 225,242.73	\$ 52.63	.000	\$ 140.95
@PHYSICIANS SERVICES	305	466	\$ 32,987.79	\$ 70.79	.000	\$ 108.16
OUTPATIENT VISITS	153	249	17,469.84	70.16	.000	114.18
OFFICE VISITS	17	20	274.78	13.74	.000	16.16
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	142	229	17,195.06	75.09	.000	121.09
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	10	17	1,873.45	110.20	.000	187.35
PRINCIPAL SURGEON	8	12	1,651.40	137.62	.000	206.43
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	4	5	222.05	44.41	.000	55.51
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	10	14	171.40	12.24	.000	17.14
RADIOLOGY	171	173	12,394.31	71.64	.000	72.48
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	3	7	292.59	41.80	.000	97.53
OTHER SERVICES/ALL X-OVERS	3	6	786.20	131.03	.000	262.07

@PHARMACY	88	139	\$	2,450.01	\$	17.63	.000	\$	27.84	\$	.00
PRESCRIPTION DRUGS	87	137		2,272.89		16.59	.000		26.13		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	87	137		2,272.89		16.59	.000		26.13		.00
MEDICAL SUPPLIES	1	2		177.12		88.56	.000		177.12		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,642
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	11	16	\$ 762.79	\$ 47.67	.000	\$ 69.34	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	16	762.79	47.67	.000	69.34	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	5	61.93	12.39	.000	15.48	.00
RADIOLOGY	2	2	157.37	78.69	.000	78.69	.00
ROOM USE	6	7	227.79	32.54	.000	37.97	.00

CROSSEOVERS/ALL OTH OUTPTNT	2	2		315.70	157.85	.000	157.85	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,643
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	16	\$ 762.79	\$ 47.67	.000	\$ 69.34	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	16	762.79	47.67	.000	69.34	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	5	61.93	12.39	.000	15.48	.00
RADIOLOGY	2	2	157.37	78.69	.000	78.69	.00
ROOM USE	6	7	227.79	32.54	.000	37.97	.00
CROSSEOVERS/ALL OTH OUTPTNT	2	2	315.70	157.85	.000	157.85	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	721	2,054	\$	52,275.04	\$	25.45	.000	\$	72.50	\$	.00
PATHOLOGY	721	2,054		52,275.04		25.45	.000		72.50		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	893	1,551	\$	131,097.10	\$	84.52	.000	\$	146.81	\$	.00
CLINIC	2	7		213.66		30.52	.000		106.83		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	891	1,544		130,883.44		84.77	.000		146.89		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 7,644
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G										
							----- MONTHLY AVERAGE -----				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER		

	54	OR DAYS OF CARE	54	\$	5,670.00	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	54		54	\$	5,670.00	\$ 105.00	.000	\$ 105.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00	.00
BLOOD BANK	0		0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00	.00
OTHER TRANS	0		0		.00	.00	.000	.00	.00
OTHER SERVICES	0		0		.00	.00	.000	.00	.00
ACUPUNCTURE	0		0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	54		54		5,670.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0		.00	.00	.000	.00	.00
OPTICIAN	0		0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
ORTHOTICS	0		0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,645
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 MERCED COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19	168	\$ 4,797.44	\$ 28.56	3.111	\$ 252.50	\$ 88.84
@PHYSICIANS SERVICES	3	10	\$ 365.40	\$ 36.54	.185	\$ 121.80	\$ 6.77
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	10	365.40	36.54	.185	121.80	6.77
HOSPITAL VISITS	3	10	365.40	36.54	.185	121.80	6.77
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	13	68	\$	2,388.03	\$	35.12	1.259	\$ 183.69	\$ 44.22
PRESCRIPTION DRUGS	13	68		2,388.03		35.12	1.259	183.69	44.22
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	13	68		2,388.03		35.12	1.259	183.69	44.22
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	1	2	\$	.00	\$	.00	.037	\$.00	\$.00
VISITS - DIAGNOSTIC	1	1		.00		.00	.019	.00	.00
ORAL SURGERY	1	1		.00		.00	.019	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,646
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	4	4	\$ 71.32	\$ 17.83	.074	\$ 17.83	\$ 1.32
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	4	71.32	17.83	.074	17.83	1.32
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	23.76	11.88	.037	11.88	.44
RADIOLOGY	2	2	47.56	23.78	.037	23.78	.88
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	4	\$ 71.32	\$ 17.83	.074	\$ 17.83	\$ 1.32
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	4	71.32	17.83	.074	17.83	1.32
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	23.76	11.88	.037	11.88	.44
RADIOLOGY	2	2	47.56	23.78	.037	23.78	.88
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	84	\$	1,972.69	\$	23.48	1.556	\$ 328.78
CLINIC	2	79		1,511.04		19.13	1.463	755.52
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	5		461.65		92.33	.093	115.41
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SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
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SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

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						----- MONTHLY AVERAGE -----		
628 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	654	2,936	\$ 352,363.16	\$ 120.01	4.675	\$ 538.78	\$ 561.09	
@PHYSICIANS SERVICES	401	1,295	\$ 85,712.31	\$ 66.19	2.062	\$ 213.75	\$ 136.48	
OUTPATIENT VISITS	210	494	24,470.37	49.54	.787	116.53	38.97	
OFFICE VISITS	14	19	710.96	37.42	.030	50.78	1.13	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	10	10	500.56	50.06	.016	50.06	.80	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	192	465	23,258.85	50.02	.740	121.14	37.04	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	59	121	5,846.19	48.32	.193	99.09	9.31	

HOSPITAL VISITS	56	112		4,847.29		43.28	.178	86.56	7.72
CRITICAL CARE	4	9		998.90		110.99	.014	249.73	1.59
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	69	159		34,274.38		215.56	.253	496.73	54.58
PRINCIPAL SURGEON	56	57		30,090.90		527.91	.091	537.34	47.92
ASSISTANT SURGEON	7	7		1,305.50		186.50	.011	186.50	2.08
ANESTHESIOLOGIST	15	95		2,877.98		30.29	.151	191.87	4.58
OUTPATIENT SURGERY	63	111		9,529.93		85.86	.177	151.27	15.18
PRINCIPAL SURGEON	61	79		8,581.87		108.63	.126	140.69	13.67
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	32	32		948.06		29.63	.051	29.63	1.51
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	67	175		1,505.22		8.60	.279	22.47	2.40
RADIOLOGY	113	126		6,766.89		53.71	.201	59.88	10.78
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	34	49		729.94		14.90	.078	21.47	1.16
OTHER SERVICES/ALL X-OVERS	41	60		2,589.39		43.16	.096	63.16	4.12
@PHARMACY	143	266	\$	4,501.32	\$	16.92	.424	31.48	7.17
PRESCRIPTION DRUGS	142	264		4,448.67		16.85	.420	31.33	7.08
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	142	264		4,448.67		16.85	.420	31.33	7.08
MEDICAL SUPPLIES	2	2		52.65		26.33	.003	26.33	.08
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
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MERCED COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N								

628 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	121	374	\$	216,080.98	\$	577.76	.596	\$	1785.79	\$	344.08
HOSP INPATIENT TOTAL	65	185		210,550.64		1138.11	.295		3239.24		335.27
HSC HOSPITALS	49	122		144,356.95		1183.25	.194		2946.06		229.87
NON-HSC HOSPITAL TOTAL	16	63		66,193.69		1050.69	.100		4137.11		105.40
ACCOMMODATIONS	16	63		24,848.89		394.43	.100		1553.06		39.57
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	16	63		24,848.89		394.43	.100		1553.06		39.57
ANCILLARIES	16	0		41,344.80		.00	.000		2584.05		65.84
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	68	189		5,530.34		29.26	.301		81.33		8.81
MEDICAL	19	22		1,246.12		56.64	.035		65.59		1.98
SURGERY	7	8		266.48		33.31	.013		38.07		.42
PATHOLOGY	27	64		650.15		10.16	.102		24.08		1.04
RADIOLOGY	15	14		1,052.64		75.19	.022		70.18		1.68
ROOM USE	24	37		1,637.05		44.24	.059		68.21		2.61
CROSSOVERS/ALL OTH OUTPTNT	21	44		677.90		15.41	.070		32.28		1.08
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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	628 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	121	374	\$	216,080.98	\$ 577.76	.596	\$ 1785.79	\$ 344.08
COMM HOSP INPATIENT TOTAL	65	185		210,550.64	1138.11	.295	3239.24	335.27
HSC HOSPITALS	49	122		144,356.95	1183.25	.194	2946.06	229.87
NON-HSC HOSPITALS TOTAL	16	63		66,193.69	1050.69	.100	4137.11	105.40
ACCOMMODATIONS	16	63		24,848.89	394.43	.100	1553.06	39.57
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	63		24,848.89	394.43	.100	1553.06	39.57
ANCILLARIES	16	0		41,344.80	.00	.000	2584.05	65.84
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	68	189		5,530.34	29.26	.301	81.33	8.81
MEDICAL	19	22		1,246.12	56.64	.035	65.59	1.98
SURGERY	7	8		266.48	33.31	.013	38.07	.42
PATHOLOGY	27	64		650.15	10.16	.102	24.08	1.04

RADIOLOGY	15	14		1,052.64	75.19	.022	70.18	1.68
ROOM USE	24	37		1,637.05	44.24	.059	68.21	2.61
CROSSOVERS/ALL OTH OUTPTNT	21	44		677.90	15.41	.070	32.28	1.08
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	153	456	\$	8,111.85	17.79	.726	53.02	12.92
PATHOLOGY	153	455		8,052.35	17.70	.725	52.63	12.82
XO AND OTHERS	1	1		59.50	59.50	.002	59.50	.09
@ORGANIZED OUTPATIENT CLINIC	157	450	\$	32,901.65	73.11	.717	209.56	52.39
CLINIC	26	187		5,734.59	30.67	.298	220.56	9.13
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	131	263		27,167.06	103.30	.419	207.38	43.26
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

628 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	48	95	\$ 5,055.05	\$ 53.21	.151	\$ 105.31	\$ 8.05
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	48	305.75	6.37	.076	152.88	.49
AMBULANCES/AIR TRANS	2	48	305.75	6.37	.076	152.88	.49
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	42	42	4,357.50	103.75	.067	103.75	6.94
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	5	391.80	78.36	.008	97.95	.62
PROSTHETICS	1	1	96.50	96.50	.002	96.50	.15
ORTHOTICS	3	4	295.30	73.83	.006	98.43	.47
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	24	\$ 34,580.47	\$ 1440.85	.038	\$ 11526.82	\$ 55.06
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 MERCED COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

24,469 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,297	39,960	\$ 1,626,949.23	\$ 40.71	1.633	\$ 175.00	\$ 66.49
@PHYSICIANS SERVICES	2,861	5,887	\$ 231,872.73	\$ 39.39	.241	\$ 81.05	\$ 9.48
OUTPATIENT VISITS	2,116	2,612	101,031.44	38.68	.107	47.75	4.13
OFFICE VISITS	1,418	1,677	56,117.15	33.46	.069	39.57	2.29
HOME VISITS	1	1	34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	541	578	28,563.32	49.42	.024	52.80	1.17
PREVENTIVE CARE	3	3	106.77	35.59	.000	35.59	.00
OB VISITS/COMPRE PERI	113	233	12,390.89	53.18	.010	109.65	.51
OTHER OUTPATIENT	115	120	3,819.01	31.83	.005	33.21	.16
INPATIENT VISITS	107	264	14,228.53	53.90	.011	132.98	.58
HOSPITAL VISITS	105	229	10,357.22	45.23	.009	98.64	.42
CRITICAL CARE	7	35	3,871.31	110.61	.001	553.04	.16
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	28	33	1,413.10	42.82	.001	50.47	.06
EXAMINATIONS	27	32	1,377.81	43.06	.001	51.03	.06
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	81	249	38,396.97	154.20	.010	474.04	1.57
PRINCIPAL SURGEON	62	65	32,771.65	504.18	.003	528.58	1.34
ASSISTANT SURGEON	13	13	2,120.31	163.10	.001	163.10	.09
ANESTHESIOLOGIST	19	171	3,505.01	20.50	.007	184.47	.14
OUTPATIENT SURGERY	173	456	28,767.55	63.09	.019	166.29	1.18
PRINCIPAL SURGEON	137	172	21,903.52	127.35	.007	159.88	.90
ASSISTANT SURGEON	2	2	186.16	93.08	.000	93.08	.01
ANESTHESIOLOGIST	54	282	6,677.87	23.68	.012	123.66	.27
DIALYSIS	2	7	505.12	72.16	.000	252.56	.02
PATHOLOGY	306	573	4,186.01	7.31	.023	13.68	.17
RADIOLOGY	592	749	21,054.31	28.11	.031	35.56	.86
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	51	338	7,548.10	22.33	.014	148.00	.31
OTHER SERVICES/ALL X-OVERS	329	606	14,741.60	24.33	.025	44.81	.60
@PHARMACY	4,195	12,899	\$ 412,321.00	\$ 31.97	.527	\$ 98.29	\$ 16.85
PRESCRIPTION DRUGS	4,140	9,548	402,145.53	42.12	.390	97.14	16.43
SNF/ICF	3	25	1,999.79	79.99	.001	666.60	.08
OUTPATIENTS	4,137	9,523	400,145.74	42.02	.389	96.72	16.35
MEDICAL SUPPLIES	141	3,351	10,175.47	3.04	.137	72.17	.42
@DENTIST	975	5,503	\$ 177,016.68	\$ 32.17	.225	\$ 181.56	\$ 7.23
VISITS - DIAGNOSTIC	671	3,641	47,462.05	13.04	.149	70.73	1.94
ORAL SURGERY	115	224	14,719.50	65.71	.009	128.00	.60
DRUGS	18	32	602.50	18.83	.001	33.47	.02
ANESTHESIA	7	9	900.00	100.00	.000	128.57	.04
PERIODONTICS	37	37	4,498.00	121.57	.002	121.57	.18
ENDODONTICS	90	187	24,043.00	128.57	.008	267.14	.98
RESTORATIVE DENTISTRY	351	1,177	66,999.00	56.92	.048	190.88	2.74
PROSTHETICS	4	4	60.00	15.00	.000	15.00	.00

DENTURES, STAYPLATES	9	37	2,627.00	71.00	.002	291.89	.11
SPACE MAINTAINERS	13	16	1,982.00	123.88	.001	152.46	.08
MAXILLOFACIAL SERVICES	24	24	2,533.63	105.57	.001	105.57	.10
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	79	98	10,440.00	106.53	.004	132.15	.43
ALL OTHER SERVICES	31	17	150.00	8.82	.001	4.84	.01

#CALIF DEPT OF HEALTH SERV MOP024
MERCED COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

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24,469 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	167	501	\$ 12,222.05	\$ 24.40	.020	\$ 73.19	\$.50
DIAGNOSTIC AND ANC. PROCED	110	111	4,955.92	44.65	.005	45.05	.20
EYE APPLIANCES	125	362	5,449.03	15.05	.015	43.59	.22
OTHER OPTOMETRIC SERVICES	28	28	1,817.10	64.90	.001	64.90	.07

@CHIROPRACTOR	50	74	\$	1,216.38	\$	16.44	.003	\$	24.33	\$	.05
VISITS	50	74		1,216.38		16.44	.003		24.33		.05
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	5	9	\$	378.04	\$	42.00	.000	\$	75.61	\$	.02
MEDICINE/INJECTIONS	4	4		104.08		26.02	.000		26.02		.00
SURGERY/ANES.	1	1		11.00		11.00	.000		11.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	4		262.96		65.74	.000		131.48		.01
@HOME HEALTH AGENCY	5	5	\$	374.30	\$	74.86	.000	\$	74.86	\$	.02
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	1	5	\$	98.86	\$	19.77	.000	\$	98.86	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	5	6	\$	195.68	\$	32.61	.000	\$	39.14	\$	.01
@TOTAL HOSPITAL	1,200	4,053	\$	399,124.79	\$	98.48	.166	\$	332.60	\$	16.31
HOSP INPATIENT TOTAL	87	223		299,324.00		1342.26	.009		3440.51		12.23
HSC HOSPITALS	76	181		231,462.46		1278.80	.007		3045.56		9.46
NON-HSC HOSPITAL TOTAL	12	42		67,861.54		1615.75	.002		5655.13		2.77
ACCOMMODATIONS	12	42		20,541.36		489.08	.002		1711.78		.84
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	42		20,541.36		489.08	.002		1711.78		.84
ANCILLARIES	12	0		47,320.18		.00	.000		3943.35		1.93
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,136	3,830		99,800.79		26.06	.157		87.85		4.08
MEDICAL	363	472		15,613.54		33.08	.019		43.01		.64
SURGERY	88	92		2,773.95		30.15	.004		31.52		.11
PATHOLOGY	363	1,255		14,002.84		11.16	.051		38.58		.57
RADIOLOGY	281	361		21,929.24		60.75	.015		78.04		.90
ROOM USE	713	840		33,003.30		39.29	.034		46.29		1.35
CROSSOVERS/ALL OTH OUTPTNT	412	810		12,477.92		15.40	.033		30.29		.51
@COUNTY HOSPITAL TOTAL	13	53	\$	5,262.08	\$	99.28	.002	\$	404.78	\$	.22
CO HOSPITAL INPATIENT TOTAL	1	3		4,056.03		1352.01	.000		4056.03		.17
HSC HOSPITALS	1	3		4,056.03		1352.01	.000		4056.03		.17
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	12	50		1,206.05		24.12	.002		100.50		.05
MEDICAL	5	7		277.44		39.63	.000		55.49		.01
SURGERY	0	0		69.05CR		.00	.000		.00		.00
PATHOLOGY	4	18		187.39		10.41	.001		46.85		.01
RADIOLOGY	3	8		173.15		21.64	.000		57.72		.01
ROOM USE	8	10		402.42		40.24	.000		50.30		.02
CROSSOVERS/ALL OTH OUTPTNT	4	7		234.70		33.53	.000		58.68		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 7,655
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES										
						AID CODE 38					
							----- MONTHLY AVERAGE -----				
24,469 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER		
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	1,189	4,000	\$	393,862.71	\$	.163	\$	331.26	\$	16.10	
COMM HOSP INPATIENT TOTAL	86	220		295,267.97		1342.13	.009		3433.35		12.07
HSC HOSPITALS	75	178		227,406.43		1277.56	.007		3032.09		9.29
NON-HSC HOSPITALS TOTAL	12	42		67,861.54		1615.75	.002		5655.13		2.77
ACCOMMODATIONS	12	42		20,541.36		489.08	.002		1711.78		.84

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	42	20,541.36	489.08	.002	1711.78	.84
ANCILLARIES	12	0	47,320.18	.00	.000	3943.35	1.93
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,126	3,780	98,594.74	26.08	.154	87.56	4.03
MEDICAL	358	465	15,336.10	32.98	.019	42.84	.63
SURGERY	88	92	2,843.00	30.90	.004	32.31	.12
PATHOLOGY	360	1,237	13,815.45	11.17	.051	38.38	.56
RADIOLOGY	278	353	21,756.09	61.63	.014	78.26	.89
ROOM USE	706	830	32,600.88	39.28	.034	46.18	1.33
CROSSOVERS/ALL OTH OUTPTNT	408	803	12,243.22	15.25	.033	30.01	.50
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	1	6	1,081.89	180.32	.000	1081.89	.04
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1	6	1,081.89	180.32	.000	1081.89	.04
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	8	22	803.45	36.52	.001	100.43	.03
HOSPITAL BASED	7	21	782.26	37.25	.001	111.75	.03
INDEPENDENT FACILITY	1	1	21.19	21.19	.000	21.19	.00
@LABORATORY FACILITY	670	2,019	25,877.44	12.82	.083	38.62	1.06
PATHOLOGY	670	2,018	25,817.94	12.79	.082	38.53	1.06
XO AND OTHERS	1	1	59.50	59.50	.000	59.50	.00
@ORGANIZED OUTPATIENT CLINIC	2,245	3,625	318,081.09	87.75	.148	141.68	13.00
CLINIC	307	923	19,494.86	21.12	.038	63.50	.80
SURGICENTER	69	272	12,787.29	47.01	.011	185.32	.52
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,907	2,430	285,798.94	117.61	.099	149.87	11.68

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	24,469 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,101	5,346	\$	46,284.85	\$ 8.66	.218	\$ 42.04	\$ 1.89
DURABLE MED. EQUIP.	17	42		1,577.67	37.56	.002	92.80	.06
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3		1,579.43	526.48	.000	526.48	.06
MEDICAL TRANSPORTATION	118	1,165		14,427.91	12.38	.048	122.27	.59
AMBULANCES/AIR TRANS	118	1,164		14,411.51	12.38	.048	122.13	.59
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		16.40	16.40	.000	16.40	.00
ACUPUNCTURE	2	3		59.47	19.82	.000	29.74	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	22		2,310.00	105.00	.001	110.00	.09
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00

OPTICIAN	202	464		4,736.21	10.21	.019	23.45	.19
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	30	48		2,356.18	49.09	.002	78.54	.10
PROSTHETICS	16	31		1,535.85	49.54	.001	95.99	.06
ORTHOTICS	15	17		820.33	48.25	.001	54.69	.03
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	10		302.79	30.28	.000	75.70	.01
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	709	1,860		18,202.91	9.79	.076	25.67	.74
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	1,729		732.28	.42	.071	81.36	.03
@CALIF. CHILDREN SERVICES*	60	278	\$	51,976.63	\$ 186.97	.011	\$ 866.28	\$ 2.12
@XOVER EXCLUDING STATE HOSP**	13	44	\$	570.89	\$ 12.97	.002	\$ 43.91	\$.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,657
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

743 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	403	2,772	\$ 235,509.71	\$ 84.96	3.731	\$ 584.39	\$ 316.97
@PHYSICIANS SERVICES	183	532	\$ 30,946.60	\$ 58.17	.716	\$ 169.11	\$ 41.65
OUTPATIENT VISITS	128	170	6,868.45	40.40	.229	53.66	9.24
OFFICE VISITS	82	108	3,711.35	34.36	.145	45.26	5.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	31	32	1,764.87	55.15	.043	56.93	2.38
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	11	796.94	72.45	.015	99.62	1.07
OTHER OUTPATIENT	18	19	595.29	31.33	.026	33.07	.80
INPATIENT VISITS	16	80	7,451.74	93.15	.108	465.73	10.03
HOSPITAL VISITS	14	38	1,774.90	46.71	.051	126.78	2.39
CRITICAL CARE	4	42	5,676.84	135.16	.057	1419.21	7.64
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.08
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	65	7,860.86	120.94	.087	714.62	10.58
PRINCIPAL SURGEON	9	15	6,506.62	433.77	.020	722.96	8.76
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	50	1,354.24	27.08	.067	451.41	1.82
OUTPATIENT SURGERY	8	10	1,772.75	177.28	.013	221.59	2.39
PRINCIPAL SURGEON	8	9	1,742.89	193.65	.012	217.86	2.35
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	29.86	29.86	.001	29.86	.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	18	53	553.58	10.44	.071	30.75	.75
RADIOLOGY	47	94	3,746.27	39.85	.127	79.71	5.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3	112.18	37.39	.004	37.39	.15
OTHER SERVICES/ALL X-OVERS	38	56	2,522.98	45.05	.075	66.39	3.40
@PHARMACY	237	1,014	\$ 65,670.97	\$ 64.76	1.365	\$ 277.09	\$ 88.39
PRESCRIPTION DRUGS	235	785	65,041.52	82.86	1.057	276.77	87.54
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	235	785	65,041.52	82.86	1.057	276.77	87.54

MEDICAL SUPPLIES	14	229		629.45		2.75	.308	44.96	.85
@DENTIST	30	168	\$	5,301.94	\$	31.56	.226	\$ 176.73	\$ 7.14
VISITS - DIAGNOSTIC	23	112		1,492.94		13.33	.151	64.91	2.01
ORAL SURGERY	4	6		483.00		80.50	.008	120.75	.65
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	1	1		100.00		100.00	.001	100.00	.13
PERIODONTICS	3	3		310.00		103.33	.004	103.33	.42
ENDODONTICS	1	1		100.00		100.00	.001	100.00	.13
RESTORATIVE DENTISTRY	17	45		2,816.00		62.58	.061	165.65	3.79
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
MERCED COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

PAGE 7,658
01/29/04

743 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	21	\$ 533.31	\$ 25.40	.028	\$ 88.89	\$.72
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.005	47.45	.26
EYE APPLIANCES	5	15	224.51	14.97	.020	44.90	.30
OTHER OPTOMETRIC SERVICES	2	2	119.00	59.50	.003	59.50	.16
@CHIROPRACTOR	2	2	\$ 33.44	\$ 16.72	.003	\$ 16.72	\$.05
VISITS	2	2	33.44	16.72	.003	16.72	.05
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	4	\$ 86.02	\$ 21.51	.005	\$ 43.01	\$.12
MEDICINE/INJECTIONS	1	1	51.00	51.00	.001	51.00	.07
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.003	34.60	.05
OTHER	1	1	.42	.42	.001	.42	.00
@HOME HEALTH AGENCY	3	6	\$ 449.16	\$ 74.86	.008	\$ 149.72	\$.60
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	88	425	\$ 110,471.01	\$ 259.93	.572	\$ 1255.35	\$ 148.68
HOSP INPATIENT TOTAL	13	60	82,996.05	1383.27	.081	6384.31	111.70
HSC HOSPITALS	13	60	82,996.05	1383.27	.081	6384.31	111.70
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	78	365	27,474.96	75.27	.491	352.24	36.98
MEDICAL	21	28	773.79	27.64	.038	36.85	1.04
SURGERY	8	9	274.42	30.49	.012	34.30	.37
PATHOLOGY	30	121	1,262.40	10.43	.163	42.08	1.70
RADIOLOGY	20	31	2,521.80	81.35	.042	126.09	3.39
ROOM USE	55	68	2,928.97	43.07	.092	53.25	3.94
CROSSOVERS/ALL OTH OUTPTNT	32	108	19,713.58	182.53	.145	616.05	26.53
@COUNTY HOSPITAL TOTAL	1	11	\$ 151.93	\$ 13.81	.015	\$ 151.93	\$.20
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	11	151.93	13.81	.015	151.93	.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	7	57.66	8.24	.009	57.66	.08
RADIOLOGY	1	3	59.72	19.91	.004	59.72	.08
ROOM USE	1	1	34.55	34.55	.001	34.55	.05
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,659

743 ELIGIBLES	USERS	UNITS OF OR DAYS	SERVICE OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	87		414 \$	110,319.08	\$ 266.47	.557	\$ 1268.04	\$ 148.48
COMM HOSP INPATIENT TOTAL	13		60	82,996.05	1383.27	.081	6384.31	111.70
HSC HOSPITALS	13		60	82,996.05	1383.27	.081	6384.31	111.70
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	77		354	27,323.03	77.18	.476	354.84	36.77
MEDICAL	21		28	773.79	27.64	.038	36.85	1.04
SURGERY	8		9	274.42	30.49	.012	34.30	.37
PATHOLOGY	29		114	1,204.74	10.57	.153	41.54	1.62
RADIOLOGY	19		28	2,462.08	87.93	.038	129.58	3.31
ROOM USE	54		67	2,894.42	43.20	.090	53.60	3.90
CROSSOVERS/ALL OTH OUTPTNT	32		108	19,713.58	182.53	.145	616.05	26.53
@STATE HOSPITAL	0		0 \$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0 \$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0 \$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0 \$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0		0 \$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0		0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	50		256 \$	3,526.48	\$ 13.78	.345	\$ 70.53	\$ 4.75
PATHOLOGY	49		255	3,466.98	13.60	.343	70.75	4.67
XO AND OTHERS	1		1	59.50	59.50	.001	59.50	.08
@ORGANIZED OUTPATIENT CLINIC	100		191 \$	15,090.33	\$ 79.01	.257	\$ 150.90	\$ 20.31
CLINIC	17		70	1,644.24	23.49	.094	96.72	2.21
SURGICENTER	4		4	181.54	45.39	.005	45.39	.24
HEROIN DETOX CLINIC	0		0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	83		117	13,264.55	113.37	.157	159.81	17.85
#CALIF DEPT OF HEALTH SERV								
MOP024								
MERCED COUNTY								

743 ELIGIBLES	USERS	UNITS OF OR DAYS	SERVICE OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	43		153 \$	3,400.45	\$ 22.23	.206	\$ 79.08	\$ 4.58
DURABLE MED. EQUIP.	1		1	77.22	77.22	.001	77.22	.10
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15	73	2,158.12	29.56	.098	143.87	2.90
AMBULANCES/AIR TRANS	15	73	2,158.12	29.56	.098	143.87	2.90
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.003	105.00	.28
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	29	336.16	11.59	.039	25.86	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	138.72	46.24	.004	69.36	.19
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	12	45	480.23	10.67	.061	40.02	.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	26	155	\$ 73,322.26	\$ 473.05	.209	\$ 2820.09	\$ 98.68
@XOVER EXCLUDING STATE HOSP**	1	1	.42	\$.42	.001	\$.42	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,661
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED	AID CODE 1E	

327 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	458	11,236	\$ 748,774.45	\$ 66.64	34.361	\$ 1634.88	\$ 2289.83
@PHYSICIANS SERVICES	51	188	\$ 1,755.37	\$ 9.34	.575	\$ 34.42	\$ 5.37
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.003	46.44	.14
EXAMINATIONS	1	1	46.44	46.44	.003	46.44	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	50	187		1,708.93		9.14	.572	34.18	5.23
@PHARMACY	412	2,362	\$	129,883.09	\$	54.99	7.223	\$ 315.25	\$ 397.20
PRESCRIPTION DRUGS	410	2,259		129,032.34		57.12	6.908	314.71	394.59
SNF/ICF	200	1,534		80,715.90		52.62	4.691	403.58	246.84
OUTPATIENTS	213	725		48,316.44		66.64	2.217	226.84	147.76
MEDICAL SUPPLIES	18	103		850.75		8.26	.315	47.26	2.60
@DENTIST	13	29	\$	1,980.00	\$	68.28	.089	\$ 152.31	\$ 6.06
VISITS - DIAGNOSTIC	6	14		256.00		18.29	.043	42.67	.78
ORAL SURGERY	2	5		199.00		39.80	.015	99.50	.61
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2		90.00		45.00	.006	90.00	.28
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	5	8		1,435.00		179.38	.024	287.00	4.39
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
MERCED COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED								
						AID CODE 1E			
----- MONTHLY AVERAGE -----									
327 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	7	21	\$	367.47	\$ 17.50	.064	\$ 52.50	\$ 1.12	
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00	
EYE APPLIANCES	7	19		325.16	17.11	.058	46.45	.99	
OTHER OPTOMETRIC SERVICES	1	2		42.31	21.16	.006	42.31	.13	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	19	27	\$	56.29	\$ 2.08	.083	\$ 2.96	\$.17	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	19	27		56.29	2.08	.083	2.96	.17	
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	1	1	\$	2.76	\$ 2.76	.003	\$ 2.76	\$.01	
@TOTAL HOSPITAL	14	117	\$	6,562.81	\$ 56.09	.358	\$ 468.77	\$ 20.07	
HOSP INPATIENT TOTAL	8	48		5,674.79	118.22	.147	709.35	17.35	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	8	48		5,674.79	118.22	.147	709.35	17.35	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	

HOSP OUTPATIENT TOTAL	6	69	888.02	12.87	.211	148.00	2.72
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	69	888.02	12.87	.211	148.00	2.72
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 7,663
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E						

327 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	117	\$ 6,562.81	\$ 56.09	.358	\$ 468.77	\$ 20.07
COMM HOSP INPATIENT TOTAL	8	48	5,674.79	118.22	.147	709.35	17.35
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	48	5,674.79	118.22	.147	709.35	17.35
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	69	888.02	12.87	.211	148.00	2.72
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	69	888.02	12.87	.211	148.00	2.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	164	4,824	\$ 578,574.28	\$ 119.94	14.752	\$ 3527.89	\$ 1769.34
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	164	4,824	578,574.28	119.94	14.752	3527.89	1769.34
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	11	11	\$	4,007.27	\$ 364.30	.034	\$ 364.30	\$ 12.25
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	11	11		4,007.27	364.30	.034	364.30	12.25
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	5	\$	39.61	\$ 7.92	.015	\$ 13.20	\$.12
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	3	5		39.61	7.92	.015	13.20	.12
@ORGANIZED OUTPATIENT CLINIC	24	35	\$	915.61	\$ 26.16	.107	\$ 38.15	\$ 2.80
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	2		19.06	9.53	.006	9.53	.06
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
MERCED COUNTY

22 33 896.55 27.17 .101 40.75 2.74
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

AID CODE 1E
----- MONTHLY AVERAGE -----
PAGE 7,664
01/29/04

327 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	85	3,616	\$ 24,629.89	\$ 6.81	11.058	\$ 289.76	\$ 75.32
DURABLE MED. EQUIP.	4	12	1,975.03	164.59	.037	493.76	6.04
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	12	3,757.31	313.11	.037	536.76	11.49
MEDICAL TRANSPORTATION	40	905	6,998.24	7.73	2.768	174.96	21.40
AMBULANCES/AIR TRANS	8	52	1,013.48	19.49	.159	126.69	3.10
OTHER TRANS	35	853	5,984.76	7.02	2.609	170.99	18.30
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	79	5,436.22	68.81	.242	1087.24	16.62
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	6	37	2,842.45	76.82	.113	473.74	8.69
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	14	197.49	14.11	.043	24.69	.60
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4	1,204.79	301.20	.012	1204.79	3.68
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	30	2,553	2,218.36	.87	7.807	73.95	6.78
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	115	413	\$ 18,941.06	\$ 45.86	1.263	\$ 164.70	\$ 57.92

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,665
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	42	10,642	\$ 40,268.63	\$ 3.78	532.100	\$ 958.78	\$ 2013.43
@PHYSICIANS SERVICES	8	16	\$ 215.25	\$ 13.45	.800	\$ 26.91	\$ 10.76
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	16		215.25	13.45	.800	26.91	10.76
@PHARMACY	35	204	\$	14,391.59	\$ 70.55	10.200	\$ 411.19	\$ 719.58
PRESCRIPTION DRUGS	34	159		12,104.18	76.13	7.950	356.01	605.21
SNF/ICF	6	33		710.63	21.53	1.650	118.44	35.53
OUTPATIENTS	28	126		11,393.55	90.43	6.300	406.91	569.68
MEDICAL SUPPLIES	15	45		2,287.41	50.83	2.250	152.49	114.37
@DENTIST	2	19	\$	617.07	\$ 32.48	.950	\$ 308.54	\$ 30.85
VISITS - DIAGNOSTIC	2	16		187.00	11.69	.800	93.50	9.35
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	2		332.00	166.00	.100	332.00	16.60
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		98.07	98.07	.050	98.07	4.90
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,666
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	32	\$ 2,335.75	\$ 72.99	1.600	\$ 291.97	\$ 116.79

HOSP INPATIENT TOTAL	2	6	1,599.27	266.55	.300	799.64	79.96
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	6	1,599.27	266.55	.300	799.64	79.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	26	736.48	28.33	1.300	122.75	36.82
MEDICAL	2	4	141.79	35.45	.200	70.90	7.09
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	30.08	30.08	.050	30.08	1.50
ROOM USE	3	5	171.54	34.31	.250	57.18	8.58
CROSSOVERS/ALL OTH OUTPTNT	5	16	393.07	24.57	.800	78.61	19.65
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
MERCED COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E						
					----- MONTHLY AVERAGE -----		
20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	32	\$ 2,335.75	\$ 72.99	1.600	\$ 291.97	\$ 116.79
COMM HOSP INPATIENT TOTAL	2	6	1,599.27	266.55	.300	799.64	79.96
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	6	1,599.27	266.55	.300	799.64	79.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	26	736.48	28.33	1.300	122.75	36.82
MEDICAL	2	4	141.79	35.45	.200	70.90	7.09
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	30.08	30.08	.050	30.08	1.50
ROOM USE	3	5	171.54	34.31	.250	57.18	8.58
CROSSOVERS/ALL OTH OUTPTNT	5	16	393.07	24.57	.800	78.61	19.65
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	7	155	\$	18,820.22	\$ 121.42	7.750	\$ 2688.60	\$ 941.01
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	7	155		18,820.22	121.42	7.750	2688.60	941.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	7	\$	432.69	\$ 61.81	.350	\$ 108.17	\$ 21.63
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	7		432.69	61.81	.350	108.17	21.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 7,668
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E							

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17	10,209	\$ 3,456.06	\$.34	510.450	\$ 203.30	\$ 172.80
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	41	297.42	7.25	2.050	37.18	14.87
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	7	38	283.13	7.45	1.900	40.45	14.16
OTHER SERVICES	1	3	14.29	4.76	.150	14.29	.71
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	3	14	907.71	64.84	.700	302.57	45.39
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	64	684.99	10.70	3.200	684.99	34.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	13	10,090		1,565.94		.16	504.500		120.46		78.30
@CALIF. CHILDREN SERVICES*	3	25	\$	4,858.65	\$	194.35	1.250	\$	1619.55	\$	242.93
@XOVER EXCLUDING STATE HOSP**	13	51	\$	3,254.50	\$	63.81	2.550	\$	250.35	\$	162.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,669
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E		

1,161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,406	21,436	\$ 690,905.95	\$ 32.23	18.463	\$ 491.40	\$ 595.10
@PHYSICIANS SERVICES	279	865	\$ 25,131.35	\$ 29.05	.745	\$ 90.08	\$ 21.65
OUTPATIENT VISITS	143	193	7,623.20	39.50	.166	53.31	6.57
OFFICE VISITS	107	135	4,482.35	33.20	.116	41.89	3.86

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	29	37		2,343.43	63.34	.032	80.81	2.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	2	2		120.48	60.24	.002	60.24	.10
OTHER OUTPATIENT	16	19		676.94	35.63	.016	42.31	.58
INPATIENT VISITS	10	30		1,552.66	51.76	.026	155.27	1.34
HOSPITAL VISITS	10	30		1,552.66	51.76	.026	155.27	1.34
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	9		371.44	41.27	.008	53.06	.32
EXAMINATIONS	7	9		371.44	41.27	.008	53.06	.32
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	4		794.50	198.63	.003	264.83	.68
PRINCIPAL SURGEON	3	4		794.50	198.63	.003	264.83	.68
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	14	36		3,221.02	89.47	.031	230.07	2.77
PRINCIPAL SURGEON	11	14		2,586.87	184.78	.012	235.17	2.23
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	22		634.15	28.83	.019	126.83	.55
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	36	85		648.73	7.63	.073	18.02	.56
RADIOLOGY	55	91		4,282.87	47.06	.078	77.87	3.69
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	6		284.66	47.44	.005	142.33	.25
OTHER SERVICES/ALL X-OVERS	123	411		6,352.27	15.46	.354	51.64	5.47
@PHARMACY	1,151	8,933	\$	334,170.49	\$ 37.41	7.694	\$ 290.33	\$ 287.83
PRESCRIPTION DRUGS	1,134	4,517		326,977.25	72.39	3.891	288.34	281.63
SNF/ICF	74	505		34,616.41	68.55	.435	467.79	29.82
OUTPATIENTS	1,062	4,012		292,360.84	72.87	3.456	275.29	251.82
MEDICAL SUPPLIES	87	4,416		7,193.24	1.63	3.804	82.68	6.20
@DENTIST	63	320	\$	10,893.00	\$ 34.04	.276	\$ 172.90	\$ 9.38
VISITS - DIAGNOSTIC	48	212		2,299.00	10.84	.183	47.90	1.98
ORAL SURGERY	14	25		1,367.00	54.68	.022	97.64	1.18
DRUGS	1	3		45.00	15.00	.003	45.00	.04
ANESTHESIA	1	1		100.00	100.00	.001	100.00	.09
PERIODONTICS	9	10		810.00	81.00	.009	90.00	.70
ENDODONTICS	8	9		1,707.00	189.67	.008	213.38	1.47
RESTORATIVE DENTISTRY	16	37		3,180.00	85.95	.032	198.75	2.74
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	21		1,350.00	64.29	.018	270.00	1.16
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00	35.00	.001	35.00	.03
ALL OTHER SERVICES	5	1		.00	.00	.001	.00	.00
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
FEE-FOR-SERVICE/DENTAL								
SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E								
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1,161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	19	50	\$ 1,182.41	\$ 23.65	.043	\$ 62.23	\$ 1.02	
DIAGNOSTIC AND ANC. PROCED	12	12	569.40	47.45	.010	47.45	.49	
EYE APPLIANCES	14	36	603.16	16.75	.031	43.08	.52	
OTHER OPTOMETRIC SERVICES	1	2	9.85	4.93	.002	9.85	.01	
@CHIROPRACTOR	9	13	\$ 217.36	\$ 16.72	.011	\$ 24.15	\$.19	
VISITS	9	13	217.36	16.72	.011	24.15	.19	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	9	13	\$ 207.01	\$ 15.92	.011	\$ 23.00	\$.18	

MEDICINE/INJECTIONS	3	3		69.40	23.13	.003	23.13	.06
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	6	10		137.61	13.76	.009	22.94	.12
@HOME HEALTH AGENCY	3	239	\$	7,045.01	29.48	.206	2348.34	6.07
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	152	1,021	\$	63,384.02	62.08	.879	417.00	54.59
HOSP INPATIENT TOTAL	13	72		37,016.21	514.11	.062	2847.40	31.88
HSC HOSPITALS	6	23		25,040.00	1088.70	.020	4173.33	21.57
NON-HSC HOSPITAL TOTAL	2	4		6,726.21	1681.55	.003	3363.11	5.79
ACCOMMODATIONS	2	4		3,484.39	871.10	.003	1742.20	3.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4		3,484.39	871.10	.003	1742.20	3.00
ANCILLARIES	2	0		3,241.82	.00	.000	1620.91	2.79
INPATIENT CROSSOVERS	6	45		5,250.00	116.67	.039	875.00	4.52
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	142	949		26,367.81	27.78	.817	185.69	22.71
MEDICAL	39	71		2,216.52	31.22	.061	56.83	1.91
SURGERY	19	28		856.31	30.58	.024	45.07	.74
PATHOLOGY	49	300		3,175.95	10.59	.258	64.82	2.74
RADIOLOGY	35	53		3,545.63	66.90	.046	101.30	3.05
ROOM USE	60	92		3,655.07	39.73	.079	60.92	3.15
CROSSOVERS/ALL OTH OUTPTNT	82	405		12,918.33	31.90	.349	157.54	11.13
@COUNTY HOSPITAL TOTAL	2	11	\$	82.76	7.52	.009	41.38	.07
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	11		82.76	7.52	.009	41.38	.07
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	11		82.76	7.52	.009	41.38	.07

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

					----- MONTHLY AVERAGE -----			
1,161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	150	1,010	\$ 63,301.26	\$ 62.67	.870	\$ 422.01	\$ 54.52	
COMM HOSP INPATIENT TOTAL	13	72	37,016.21	514.11	.062	2847.40	31.88	
HSC HOSPITALS	6	23	25,040.00	1088.70	.020	4173.33	21.57	
NON-HSC HOSPITALS TOTAL	2	4	6,726.21	1681.55	.003	3363.11	5.79	
ACCOMMODATIONS	2	4	3,484.39	871.10	.003	1742.20	3.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	2	4	3,484.39	871.10	.003	1742.20	3.00	
ANCILLARIES	2	0	3,241.82	.00	.000	1620.91	2.79	

INPATIENT CROSSOVERS	6	45		5,250.00	116.67	.039	875.00	4.52
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	140	938		26,285.05	28.02	.808	187.75	22.64
MEDICAL	39	71		2,216.52	31.22	.061	56.83	1.91
SURGERY	19	28		856.31	30.58	.024	45.07	.74
PATHOLOGY	49	300		3,175.95	10.59	.258	64.82	2.74
RADIOLOGY	35	53		3,545.63	66.90	.046	101.30	3.05
ROOM USE	60	92		3,655.07	39.73	.079	60.92	3.15
CROSSOVERS/ALL OTH OUTPTNT	80	394		12,835.57	32.58	.339	160.44	11.06
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	56	1,470	\$	181,791.37	\$ 123.67	1.266	\$ 3246.27	\$ 156.58
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	56	1,470		181,791.37	123.67	1.266	3246.27	156.58
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	11	11	\$	4,836.71	\$ 439.70	.009	\$ 439.70	\$ 4.17
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	11	11		4,836.71	439.70	.009	439.70	4.17
@REHABILITATION FACILITY	1	23	\$	513.31	\$ 22.32	.020	\$ 513.31	\$.44
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	23		513.31	22.32	.020	513.31	.44
@LABORATORY FACILITY	74	256	\$	2,460.44	\$ 9.61	.220	\$ 33.25	\$ 2.12
PATHOLOGY	73	255		2,459.47	9.64	.220	33.69	2.12
XO AND OTHERS	1	1		.97	.97	.001	.97	.00
@ORGANIZED OUTPATIENT CLINIC	217	347	\$	27,328.13	\$ 78.76	.299	\$ 125.94	\$ 23.54
CLINIC	6	15		229.74	15.32	.013	38.29	.20
SURGICENTER	10	21		682.03	32.48	.018	68.20	.59
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	202	311		26,416.36	84.94	.268	130.77	22.75

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,672
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

1,161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	182	7,875	\$ 31,745.34	\$ 4.03	6.783	\$ 174.42	\$ 27.34
DURABLE MED. EQUIP.	8	13	5,128.70	394.52	.011	641.09	4.42
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	13	3,980.06	306.16	.011	568.58	3.43
MEDICAL TRANSPORTATION	34	2,005	10,501.39	5.24	1.727	308.86	9.05
AMBULANCES/AIR TRANS	14	206	2,677.13	13.00	.177	191.22	2.31
OTHER TRANS	18	1,794	6,012.10	3.35	1.545	334.01	5.18
OTHER SERVICES	4	5	1,812.16	362.43	.004	453.04	1.56
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	3	13	1,138.26	87.56	.011	379.42	.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	39	92	1,099.18	11.95	.079	28.18	.95
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2	1.97	.99	.002	.99	.00
PROSTHETIST/ORTHOTISTS	4	24	2,310.32	96.26	.021	577.58	1.99

PROSTHETICS	3	22		2,262.52	102.84	.019	754.17	1.95
ORTHOTICS	1	2		47.80	23.90	.002	47.80	.04
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	28	212		1,394.62	6.58	.183	49.81	1.20
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	69	5,501		6,190.84	1.13	4.738	89.72	5.33
@CALIF. CHILDREN SERVICES*	34	1,009	\$	24,279.12	\$ 24.06	.869	\$ 714.09	\$ 20.91
@XOVER EXCLUDING STATE HOSP**	174	1,025	\$	27,757.36	\$ 27.08	.883	\$ 159.53	\$ 23.91

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,673
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

1,508 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,906	43,314	\$ 1,479,949.03	\$ 34.17	28.723	\$ 776.47	\$ 981.40
@PHYSICIANS SERVICES	338	1,069	\$ 27,101.97	\$ 25.35	.709	\$ 80.18	\$ 17.97
OUTPATIENT VISITS	143	193	7,623.20	39.50	.128	53.31	5.06
OFFICE VISITS	107	135	4,482.35	33.20	.090	41.89	2.97
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	29	37	2,343.43	63.34	.025	80.81	1.55
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	120.48	60.24	.001	60.24	.08
OTHER OUTPATIENT	16	19	676.94	35.63	.013	42.31	.45
INPATIENT VISITS	10	30	1,552.66	51.76	.020	155.27	1.03
HOSPITAL VISITS	10	30	1,552.66	51.76	.020	155.27	1.03
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	10	417.88	41.79	.007	52.24	.28
EXAMINATIONS	8	10	417.88	41.79	.007	52.24	.28
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	4	794.50	198.63	.003	264.83	.53
PRINCIPAL SURGEON	3	4	794.50	198.63	.003	264.83	.53
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	14	36	3,221.02	89.47	.024	230.07	2.14
PRINCIPAL SURGEON	11	14	2,586.87	184.78	.009	235.17	1.72
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	22	634.15	28.83	.015	126.83	.42
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	36	85	648.73	7.63	.056	18.02	.43
RADIOLOGY	55	91	4,282.87	47.06	.060	77.87	2.84
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	6	284.66	47.44	.004	142.33	.19
OTHER SERVICES/ALL X-OVERS	181	614	8,276.45	13.48	.407	45.73	5.49
@PHARMACY	1,598	11,499	\$ 478,445.17	\$ 41.61	7.625	\$ 299.40	\$ 317.27
PRESCRIPTION DRUGS	1,578	6,935	468,113.77	67.50	4.599	296.65	310.42
SNF/ICF	280	2,072	116,042.94	56.01	1.374	414.44	76.95
OUTPATIENTS	1,303	4,863	352,070.83	72.40	3.225	270.20	233.47
MEDICAL SUPPLIES	120	4,564	10,331.40	2.26	3.027	86.10	6.85
@DENTIST	78	368	\$ 13,490.07	\$ 36.66	.244	\$ 172.95	\$ 8.95
VISITS - DIAGNOSTIC	56	242	2,742.00	11.33	.160	48.96	1.82
ORAL SURGERY	16	30	1,566.00	52.20	.020	97.88	1.04

DRUGS	1	3	45.00	15.00	.002	45.00	.03
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.07
PERIODONTICS	10	12	1,142.00	95.17	.008	114.20	.76
ENDODONTICS	8	9	1,707.00	189.67	.006	213.38	1.13
RESTORATIVE DENTISTRY	17	39	3,270.00	83.85	.026	192.35	2.17
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	10	29	2,785.00	96.03	.019	278.50	1.85
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.001	98.07	.07
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.001	35.00	.02
ALL OTHER SERVICES	5	1	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,674
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 MERCED COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----

1,508 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	26	71	\$ 1,549.88	\$ 21.83	.047	\$ 59.61	\$ 1.03
DIAGNOSTIC AND ANC. PROCED	12	12	569.40	47.45	.008	47.45	.38
EYE APPLIANCES	21	55	928.32	16.88	.036	44.21	.62
OTHER OPTOMETRIC SERVICES	2	4	52.16	13.04	.003	26.08	.03
@CHIROPRACTOR	9	13	\$ 217.36	\$ 16.72	.009	\$ 24.15	\$.14
VISITS	9	13	217.36	16.72	.009	24.15	.14
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	28	40	\$ 263.30	\$ 6.58	.027	\$ 9.40	\$.17
MEDICINE/INJECTIONS	3	3	69.40	23.13	.002	23.13	.05
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	25	37	193.90	5.24	.025	7.76	.13
@HOME HEALTH AGENCY	3	239	\$ 7,045.01	\$ 29.48	.158	\$ 2348.34	\$ 4.67
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$ 2.76	\$ 2.76	.001	\$ 2.76	\$.00
@TOTAL HOSPITAL	174	1,170	\$ 72,282.58	\$ 61.78	.776	\$ 415.42	\$ 47.93
HOSP INPATIENT TOTAL	23	126	44,290.27	351.51	.084	1925.66	29.37
HSC HOSPITALS	6	23	25,040.00	1088.70	.015	4173.33	16.60
NON-HSC HOSPITAL TOTAL	2	4	6,726.21	1681.55	.003	3363.11	4.46
ACCOMMODATIONS	2	4	3,484.39	871.10	.003	1742.20	2.31
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	3,484.39	871.10	.003	1742.20	2.31
ANCILLARIES	2	0	3,241.82	.00	.000	1620.91	2.15
INPATIENT CROSSOVERS	16	99	12,524.06	126.51	.066	782.75	8.31
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	154	1,044	27,992.31	26.81	.692	181.77	18.56
MEDICAL	41	75	2,358.31	31.44	.050	57.52	1.56
SURGERY	19	28	856.31	30.58	.019	45.07	.57
PATHOLOGY	49	300	3,175.95	10.59	.199	64.82	2.11
RADIOLOGY	36	54	3,575.71	66.22	.036	99.33	2.37
ROOM USE	63	97	3,826.61	39.45	.064	60.74	2.54
CROSSOVERS/ALL OTH OUTPTNT	93	490	14,199.42	28.98	.325	152.68	9.42
@COUNTY HOSPITAL TOTAL	2	11	\$ 82.76	\$ 7.52	.007	\$ 41.38	\$.05
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	11	82.76	7.52	.007	41.38	.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	11	82.76	7.52	.007	41.38	.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,675
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

1,508 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	172	1,159	\$	72,199.82	\$ 62.29	.769	\$ 419.77	\$ 47.88
COMM HOSP INPATIENT TOTAL	23	126		44,290.27	351.51	.084	1925.66	29.37
HSC HOSPITALS	6	23		25,040.00	1088.70	.015	4173.33	16.60
NON-HSC HOSPITALS TOTAL	2	4		6,726.21	1681.55	.003	3363.11	4.46
ACCOMMODATIONS	2	4		3,484.39	871.10	.003	1742.20	2.31
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4		3,484.39	871.10	.003	1742.20	2.31
ANCILLARIES	2	0		3,241.82	.00	.000	1620.91	2.15
INPATIENT CROSSOVERS	16	99		12,524.06	126.51	.066	782.75	8.31
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	152	1,033		27,909.55	27.02	.685	183.62	18.51
MEDICAL	41	75		2,358.31	31.44	.050	57.52	1.56
SURGERY	19	28		856.31	30.58	.019	45.07	.57
PATHOLOGY	49	300		3,175.95	10.59	.199	64.82	2.11
RADIOLOGY	36	54		3,575.71	66.22	.036	99.33	2.37
ROOM USE	63	97		3,826.61	39.45	.064	60.74	2.54
CROSSOVERS/ALL OTH OUTPTNT	91	479		14,116.66	29.47	.318	155.13	9.36
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	227	6,449	\$	779,185.87	\$ 120.82	4.277	\$ 3432.54	\$ 516.70
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	227	6,449		779,185.87	120.82	4.277	3432.54	516.70
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	22	22	\$	8,843.98	\$ 402.00	.015	\$ 402.00	\$ 5.86
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	22	22		8,843.98	402.00	.015	402.00	5.86
@REHABILITATION FACILITY	1	23	\$	513.31	\$ 22.32	.015	\$ 513.31	\$.34
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	23		513.31	22.32	.015	513.31	.34
@LABORATORY FACILITY	77	261	\$	2,500.05	\$ 9.58	.173	\$ 32.47	\$ 1.66
PATHOLOGY	73	255		2,459.47	9.64	.169	33.69	1.63
XO AND OTHERS	4	6		40.58	6.76	.004	10.15	.03
@ORGANIZED OUTPATIENT CLINIC	245	389	\$	28,676.43	\$ 73.72	.258	\$ 117.05	\$ 19.02
CLINIC	6	15		229.74	15.32	.010	38.29	.15
SURGICENTER	12	23		701.09	30.48	.015	58.42	.46
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	228	351		27,745.60	79.05	.233	121.69	18.40

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,676
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

	1,508 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	284		21,700	\$ 59,831.29	\$ 2.76	14.390	\$ 210.67	\$ 39.68
DURABLE MED. EQUIP.	12		25	7,103.73	284.15	.017	591.98	4.71
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	14		25	7,737.37	309.49	.017	552.67	5.13
MEDICAL TRANSPORTATION	82		2,951	17,797.05	6.03	1.957	217.04	11.80
AMBULANCES/AIR TRANS	22		258	3,690.61	14.30	.171	167.76	2.45
OTHER TRANS	60		2,685	12,279.99	4.57	1.781	204.67	8.14

OTHER SERVICES	5	8		1,826.45	228.31	.005	365.29	1.21
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	79		5,436.22	68.81	.052	1087.24	3.60
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	12	64		4,888.42	76.38	.042	407.37	3.24
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	47	106		1,296.67	12.23	.070	27.59	.86
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2		1.97	.99	.001	.99	.00
PROSTHETIST/ORTHOTISTS	4	24		2,310.32	96.26	.016	577.58	1.53
PROSTHETICS	3	22		2,262.52	102.84	.015	754.17	1.50
ORTHOTICS	1	2		47.80	23.90	.001	47.80	.03
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4		1,204.79	301.20	.003	1204.79	.80
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	29	276		2,079.61	7.53	.183	71.71	1.38
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	112	18,144		9,975.14	.55	12.032	89.06	6.61
@CALIF. CHILDREN SERVICES*	37	1,034	\$	29,137.77	\$ 28.18	.686	\$ 787.51	\$ 19.32
@XOVER EXCLUDING STATE HOSP**	302	1,489	\$	49,952.92	\$ 33.55	.987	\$ 165.41	\$ 33.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,677
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	TOTAL CERTIFIED	

812,331 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	399,590	5,328,256	\$ 160,588,570.13	\$ 30.14	6.559	\$ 401.88	\$ 197.69
@PHYSICIANS SERVICES	136,540	381,926	\$ 14,813,316.97	\$ 38.79	.470	\$ 108.49	\$ 18.24
OUTPATIENT VISITS	87,298	120,087	4,639,088.82	38.63	.148	53.14	5.71
OFFICE VISITS	61,202	77,385	2,573,368.72	33.25	.095	42.05	3.17
HOME VISITS	51	75	2,941.47	39.22	.000	57.68	.00
EMERGENCY ROOM	19,512	21,713	1,101,235.14	50.72	.027	56.44	1.36
PREVENTIVE CARE	45	45	1,839.84	40.89	.000	40.89	.00
OB VISITS/COMPRE PERI	6,954	15,912	799,075.18	50.22	.020	114.91	.98
OTHER OUTPATIENT	4,442	4,957	160,628.47	32.40	.006	36.16	.20
INPATIENT VISITS	7,141	28,380	1,707,874.25	60.18	.035	239.16	2.10
HOSPITAL VISITS	6,485	22,860	979,516.87	42.85	.028	151.04	1.21
CRITICAL CARE	641	5,033	714,436.16	141.95	.006	1114.56	.88
SNF/ICF/TRANS IP CARE	366	487	13,921.22	28.59	.001	38.04	.02
OPHTHALMOLOGICAL SERVICES	1,731	1,999	86,940.24	43.49	.002	50.23	.11
EXAMINATIONS	1,714	1,982	86,546.58	43.67	.002	50.49	.11
SERVICES AND MATERIALS	17	17	393.66	23.16	.000	23.16	.00
INPATIENT HOSPITAL SURGERY	5,702	20,160	2,771,061.19	137.45	.025	485.98	3.41
PRINCIPAL SURGEON	4,248	5,239	2,278,681.33	434.95	.006	536.41	2.81
ASSISTANT SURGEON	797	797	137,940.43	173.07	.001	173.07	.17
ANESTHESIOLOGIST	1,678	14,124	354,439.43	25.09	.017	211.23	.44
OUTPATIENT SURGERY	7,807	20,293	1,402,138.97	69.09	.025	179.60	1.73
PRINCIPAL SURGEON	6,264	8,379	1,105,604.92	131.95	.010	176.50	1.36
ASSISTANT SURGEON	98	99	10,921.65	110.32	.000	111.45	.01
ANESTHESIOLOGIST	2,363	11,815	285,612.40	24.17	.015	120.87	.35
DIALYSIS	351	1,010	105,526.12	104.48	.001	300.64	.13
PATHOLOGY	14,201	28,157	191,569.87	6.80	.035	13.49	.24
RADIOLOGY	27,832	43,674	1,482,845.41	33.95	.054	53.28	1.83
PSYCHIATRY	11	11	369.03	33.55	.000	33.55	.00

IMMUNIZATION AND INJECTION	3,366	24,185		743,570.79		30.75	.030	220.91	.92
OTHER SERVICES/ALL X-OVERS	32,896	93,970		1,682,332.28		17.90	.116	51.14	2.07
@PHARMACY	236,875	1,633,471	\$	49,232,756.86	\$	30.14	2.011	\$ 207.84	\$ 60.61
PRESCRIPTION DRUGS	233,900	786,332		46,723,672.89		59.42	.968	199.76	57.52
SNF/ICF	6,561	41,845		2,541,468.62		60.74	.052	387.36	3.13
OUTPATIENTS	227,681	744,487		44,182,204.27		59.35	.916	194.05	54.39
MEDICAL SUPPLIES	15,893	847,139		2,509,083.97		2.96	1.043	157.87	3.09
@DENTIST	37,939	211,896	\$	7,121,553.98	\$	33.61	.261	\$ 187.71	\$ 8.77
VISITS - DIAGNOSTIC	26,992	137,979		1,780,395.33		12.90	.170	65.96	2.19
ORAL SURGERY	5,543	11,468		666,674.90		58.13	.014	120.27	.82
DRUGS	559	1,118		18,486.25		16.54	.001	33.07	.02
ANESTHESIA	465	488		47,016.00		96.34	.001	101.11	.06
PERIODONTICS	2,082	2,205		242,647.30		110.04	.003	116.55	.30
ENDODONTICS	3,515	6,828		920,270.92		134.78	.008	261.81	1.13
RESTORATIVE DENTISTRY	13,501	42,726		2,643,542.92		61.87	.053	195.80	3.25
PROSTHETICS	138	171		3,635.00		21.26	.000	26.34	.00
DENTURES, STAYPLATES	1,283	3,857		403,231.28		104.55	.005	314.29	.50
SPACE MAINTAINERS	354	415		46,049.00		110.96	.001	130.08	.06
MAXILLOFACIAL SERVICES	843	861		95,399.25		110.80	.001	113.17	.12
FRACTURES, DISLOCATIONS	6	7		4,800.00		685.71	.000	800.00	.01
ORTHODONTIC SERVICES	2,406	2,983		240,693.75		80.69	.004	100.04	.30
ALL OTHER SERVICES	993	790		8,712.08		11.03	.001	8.77	.01
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MERCED COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED								

----- MONTHLY AVERAGE -----									
812,331 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	8,331	24,195	\$ 558,804.64	\$ 23.10	.030	\$ 67.08	\$.69		
DIAGNOSTIC AND ANC. PROCED	4,298	4,329	197,150.58	45.54	.005	45.87	.24		
EYE APPLIANCES	6,370	17,858	278,042.51	15.57	.022	43.65	.34		
OTHER OPTOMETRIC SERVICES	1,671	2,008	83,611.55	41.64	.002	50.04	.10		
@CHIROPRACTOR	1,399	2,256	\$ 36,968.22	\$ 16.39	.003	\$ 26.42	\$.05		
VISITS	1,359	2,183	36,072.95	16.52	.003	26.54	.04		
OTHER SERVICES	41	73	895.27	12.26	.000	21.84	.00		
@PODIATRIST	2,045	2,954	\$ 29,268.91	\$ 9.91	.004	\$ 14.31	\$.04		
MEDICINE/INJECTIONS	198	226	6,474.81	28.65	.000	32.70	.01		
SURGERY/ANES.	17	22	1,154.05	52.46	.000	67.89	.00		
RADIO./PATHOLOGY	15	27	467.10	17.30	.000	31.14	.00		
OTHER	1,851	2,679	21,172.95	7.90	.003	11.44	.03		
@HOME HEALTH AGENCY	750	14,778	\$ 584,398.40	\$ 39.55	.018	\$ 779.20	\$.72		
NURSE ANESTHESIST	58	468	4,064.70	8.69	.001	70.08	.01		
NURSE MIDWIFE	9	32	1,055.79	32.99	.000	117.31	.00		
PEDIATRIC NURSE PRACTITIONER	1	1	27.50	27.50	.000	27.50	.00		
FAMILY NURSE PRACTITIONER	167	246	7,055.25	28.68	.000	42.25	.01		
@TOTAL HOSPITAL	54,218	247,246	\$ 39,821,576.19	\$ 161.06	.304	\$ 734.47	\$ 49.02		
HOSP INPATIENT TOTAL	6,894	32,485	34,263,015.15	1054.73	.040	4969.98	42.18		
HSC HOSPITALS	5,215	23,871	28,957,879.21	1213.10	.029	5552.81	35.65		
NON-HSC HOSPITAL TOTAL	915	3,527	4,607,914.17	1306.47	.004	5035.97	5.67		
ACCOMMODATIONS	914	3,527	1,444,788.37	409.64	.004	1580.73	1.78		
ADMINISTRATIVE DAYS	99	588	132,615.20	225.54	.001	1339.55	.16		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	819	2,939	1,312,173.17	446.47	.004	1602.17	1.62		
ANCILLARIES	915	0	3,163,125.80	.00	.000	3456.97	3.89		
INPATIENT CROSSOVERS	835	5,087	697,221.77	137.06	.006	835.00	.86		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	49,167	214,761	5,558,561.04	25.88	.264	113.05	6.84		
MEDICAL	14,156	20,465	759,230.97	37.10	.025	53.63	.93		
SURGERY	3,866	4,454	178,269.44	40.02	.005	46.11	.22		
PATHOLOGY	16,152	65,309	706,637.74	10.82	.080	43.75	.87		

RADIOLOGY	12,587	17,886		1,148,766.09	64.23	.022	91.27	1.41
ROOM USE	26,681	34,216		1,356,544.31	39.65	.042	50.84	1.67
CROSSOVERS/ALL OTH OUTPTNT	21,561	72,431		1,409,112.49	19.45	.089	65.35	1.73
@COUNTY HOSPITAL TOTAL	512	2,849	\$	505,078.88	\$ 177.28	.004	\$ 986.48	\$.62
CO HOSPITAL INPATIENT TOTAL	73	345		431,750.66	1251.45	.000	5914.39	.53
HSC HOSPITALS	69	323		405,171.93	1254.40	.000	5872.06	.50
NON-HSC HOSPITALS TOTAL	5	22		25,738.73	1169.94	.000	5147.75	.03
ACCOMMODATIONS	4	22		5,088.60	231.30	.000	1272.15	.01
ADMINISTRATIVE DAYS	3	8		1,850.40	231.30	.000	616.80	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	14		3,238.20	231.30	.000	3238.20	.00
ANCILLARIES	5	0		20,650.13	.00	.000	4130.03	.03
INPATIENT CROSSOVERS	1	0		840.00	.00	.000	840.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	458	2,504		73,328.22	29.28	.003	160.11	.09
MEDICAL	164	317		12,131.49	38.27	.000	73.97	.01

SURGERY	31	44	3,192.00	72.55	.000	102.97	.00
PATHOLOGY	153	792	9,321.37	11.77	.001	60.92	.01
RADIOLOGY	107	205	15,361.03	74.93	.000	143.56	.02
ROOM USE	274	414	15,937.77	38.50	.001	58.17	.02
CROSSOVERS/ALL OTH OUTPTNT	214	732	17,384.56	23.75	.001	81.24	.02

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812,331 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	53,798	244,397	\$ 39,316,497.31	\$ 160.87	.301	\$ 730.82	\$ 48.40
COMM HOSP INPATIENT TOTAL	6,826	32,140	33,831,264.49	1052.62	.040	4956.24	41.65
HSC HOSPITALS	5,150	23,548	28,552,707.28	1212.53	.029	5544.22	35.15
NON-HSC HOSPITALS TOTAL	910	3,505	4,582,175.44	1307.33	.004	5035.36	5.64
ACCOMMODATIONS	910	3,505	1,439,699.77	410.76	.004	1582.09	1.77
ADMINISTRATIVE DAYS	96	580	130,764.80	225.46	.001	1362.13	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	818	2,925	1,308,934.97	447.50	.004	1600.17	1.61
ANCILLARIES	910	0	3,142,475.67	.00	.000	3453.27	3.87
INPATIENT CROSSOVERS	834	5,087	696,381.77	136.89	.006	834.99	.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	48,790	212,257	5,485,232.82	25.84	.261	112.43	6.75
MEDICAL	14,003	20,148	747,099.48	37.08	.025	53.35	.92
SURGERY	3,835	4,410	175,077.44	39.70	.005	45.65	.22
PATHOLOGY	16,015	64,517	697,316.37	10.81	.079	43.54	.86
RADIOLOGY	12,489	17,681	1,133,405.06	64.10	.022	90.75	1.40
ROOM USE	26,446	33,802	1,340,606.54	39.66	.042	50.69	1.65
CROSSOVERS/ALL OTH OUTPTNT	21,365	71,699	1,391,727.93	19.41	.088	65.14	1.71
@STATE HOSPITAL	24	709	\$ 327,852.61	\$ 462.42	.001	\$ 13660.53	\$.40
MENTALLY ILL	5	178	81,383.35	457.21	.000	16276.67	.10
DEVELOP. DISABLED	19	531	246,469.26	464.16	.001	12972.07	.30
@NURSING FACILITY	6,080	168,657	\$ 18,086,715.25	\$ 107.24	.208	\$ 2974.79	\$ 22.27
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	46	1,514	168,574.42	111.34	.002	3664.66	.21
LEV B-SUBACUTE FREESTANDING	1	2	606.80	303.40	.000	606.80	.00
LEV B-SUBACUTE HSPTL BASED	19	579	286,435.05	494.71	.001	15075.53	.35
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6,017	166,562	17,631,098.98	105.85	.205	2930.21	21.70
@INTERMEDIATE CARE FACIL.-DD	570	19,048	\$ 3,231,120.81	\$ 169.63	.023	\$ 5668.63	\$ 3.98
ICF DDH	178	5,676	815,161.22	143.62	.007	4579.56	1.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	392	13,372	2,415,959.59	180.67	.016	6163.16	2.97
@HEMODIALYSIS TOTAL	1,727	23,115	\$ 1,644,731.31	\$ 71.15	.028	\$ 952.36	\$ 2.02
HOSPITAL BASED	17	203	127,747.07	629.30	.000	7514.53	.16
HEMODIALYSIS CENTER	1,710	22,912	1,516,984.24	66.21	.028	887.13	1.87
@REHABILITATION FACILITY	568	3,216	\$ 84,936.47	\$ 26.41	.004	\$ 149.54	\$.10
HOSPITAL BASED	345	1,189	43,302.30	36.42	.001	125.51	.05
INDEPENDENT FACILITY	228	2,027	41,634.17	20.54	.002	182.61	.05
@LABORATORY FACILITY	34,523	120,285	\$ 1,579,399.24	\$ 13.13	.148	\$ 45.75	\$ 1.94
PATHOLOGY	34,027	119,234	1,564,650.84	13.12	.147	45.98	1.93
XO AND OTHERS	508	1,051	14,748.40	14.03	.001	29.03	.02
@ORGANIZED OUTPATIENT CLINIC	106,230	183,209	\$ 16,180,340.76	\$ 88.32	.226	\$ 152.31	\$ 19.92
CLINIC	8,319	27,931	621,486.56	22.25	.034	74.71	.77
SURGICENTER	3,839	11,637	458,770.36	39.42	.014	119.50	.56
HEROIN DETOX CLINIC	24	278	3,116.49	11.21	.000	129.85	.00
RURAL HEALTH CLINIC	96,145	143,363	15,096,967.35	105.31	.176	157.02	18.58

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812,331 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	56,640	2,290,543	\$ 7,242,543.92	\$ 3.16	2.820	\$ 127.87	\$ 8.92
DURABLE MED. EQUIP.	2,089	6,834	1,071,743.02	156.83	.008	513.04	1.32
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	885	1,548	322,166.35	208.12	.002	364.03	.40
MEDICAL TRANSPORTATION	6,893	212,518	1,667,217.00	7.85	.262	241.87	2.05
AMBULANCES/AIR TRANS	5,033	68,592	851,785.94	12.42	.084	169.24	1.05
OTHER TRANS	1,646	139,463	532,127.42	3.82	.172	323.29	.66
OTHER SERVICES	512	4,463	283,303.64	63.48	.005	553.33	.35
ACUPUNCTURE	299	642	11,889.92	18.52	.001	39.77	.01
ADULT DAY HEALTH CARE CTR	622	9,314	645,135.80	69.27	.011	1037.20	.79
GENETIC DISEASE TESTING	1,488	1,492	154,435.25	103.51	.002	103.79	.19
IHMC,MODEL-NF,NF,AIDS,MSSP	1,703	8,618	636,621.31	73.87	.011	373.82	.78
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10,822	25,010	299,193.64	11.96	.031	27.65	.37
PHYSICAL THERAPIST	2	7	325.27	46.47	.000	162.64	.00
PORTABLE X-RAY	73	172	2,168.68	12.61	.000	29.71	.00
PROSTHETIST/ORTHOTISTS	1,554	3,315	268,217.23	80.91	.004	172.60	.33
PROSTHETICS	1,075	2,730	232,134.71	85.03	.003	215.94	.29
ORTHOTICS	511	585	36,082.52	61.68	.001	70.61	.04
PSYCHOLOGIST	27	143	7,618.55	53.28	.000	282.17	.01
SPEECH AND AUDIOLOGY	765	1,792	116,742.62	65.15	.002	152.60	.14
HOSPICE SERVICES	101	2,269	255,202.95	112.47	.003	2526.76	.31
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	24,047	98,960	923,109.89	9.33	.122	38.39	1.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	5	82.35	16.47	.000	82.35	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8,670	1,917,909	860,756.44	.45	2.361	99.28	1.06
@CALIF. CHILDREN SERVICES*	5,516	165,384	\$ 11,074,652.27	\$ 66.96	.204	\$ 2007.73	\$ 13.63
@XOVER EXCLUDING STATE HOSP**	27,583	287,064	\$ 4,145,228.39	\$ 14.44	.353	\$ 150.28	\$ 5.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.